MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 18156

1. PLACE OF DEATH
County: Randolph
Registration District No.: 735
Registered No.: 117
Township:
Primary Registration District No.: 3034
City: Moberly (No.) Wabash Hospital St. Ward)

2. FULL NAME: Ulysses Grimpson ~~McCanna~~ McCanna

(a) Residence. No. Drewitt, Mo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 15 1869

7. AGE: Years 59 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rail Road Employee
(b) General nature of industry, business, or establishment in which employed (or employer): Section man
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Drewitt, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: William McCanna
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Sarah E. Kuhn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Penn.

14. INFORMANT: L. M. Cockrell
(Address): Huntsville, Mo

15. FILED 5-31 1928 D. T. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 31st 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 3rd 1928, to May 31 1928 that I last saw him alive on May 31 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of thyroid.
(generalized metastasis)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. D. Streeter, M. D
6-31 1928 (Address) Moberly Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: DeWitt Mo
DATE OF BURIAL: 6-1 1928

20. UNDERTAKER: Mahan and Son
ADDRESS: Moberly Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.