

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

Do not use this space.

33844

**1. PLACE OF DEATH**

County Jackson  
Township Russ  
City Kennett (No. 2416 E. 21st)

Registration District No. 399  
Primary Registration District No. 602

File No. \_\_\_\_\_  
Registered No. 4383  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Allie M. Cannon  
(a) Residence. No. 2416 E. 21st St. 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 15 - 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
26 | 6 | 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work maid  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mississippi

**10. NAME OF FATHER**

William Stanton

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mississippi

**12. MAIDEN NAME OF MOTHER**

Alice M. White

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Miss.

**14.**

INFORMANT Dan Cannon  
(Address) 2416 E. 21st

**15.**

FILED 10/30/28 M. M. Lescure  
REGISTRAR asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/29 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 27 1928, to Oct 29 1928 that I last saw her alive on Oct 28 1928, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Meningitis  
7917 710  
(duration) yrs. mos. da.  
CONTRIBUTORY Intrauterine Infection  
(SECONDARY) (duration) yrs. mos. da.

**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? none

(Signed) A. H. [Signature] M. D.

(Address) 1072 N. 21st St

\*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**

Gibson Station DATE OF BURIAL Oct 30 1928

**20. UNDERTAKER**

Hatkins Bros. ADDRESS 1729 Lydia

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.

S. H. Thompson.