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

Do not use this space.

35696

File No. 11423

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital #2 St. Ward)

Registration District No. 781

Primary Registration District No. 1003

2. FULL NAME John Cannady

(a) Residence. No. 1213 N. 10th (R) St., 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 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: Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2 1883

7. AGE: Years 45 | Months 3 | Days 7 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Ala.

PARENTS

10. NAME OF FATHER: Jesse Cannady

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ala.

12. MAIDEN NAME OF MOTHER: Mary Reed

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ga.

14. INFORMANT: Emma F. Woodard
(Address): City Hospital #2

15. FILED: 1928 Nov 23 Henry E. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-24-1928

17. I HEREBY CERTIFY, That I attended deceased from 10-22-1928, to 10-24-1928, that I last saw h. alive on 10-24-1928, and that death occurred, on the date stated above, at 5:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilitation of Heart
Acute Dilitation of Stomach
1148 Cause unknown
1038
166 (duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Ruptured Fundus
Abscess (Right) non Tubercular (duration) yrs. mos. ds.
Cause unknown

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Post-Mortem
(Signed) Geo. Gimmingland, M. D.
, 19 (Address) 2945 Fairfax

*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: St. Louis | DATE OF BURIAL: 11/29/28

20. UNDERTAKER: W. Richter | ADDRESS: 3500 Rutger

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.

WHEN FILLED WITH CHANGING INKS THIS IS A PERMANENT RECORD