

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County AdairRegistration District No. 164Township BentonPrimary Registration District No. 5229

City (No. _____)

File No. 78

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ 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

M

4. COLOR OR RACE

W

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

wid

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

J. R. Ouel

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

2-1-1855

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

741120

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Yanصيب

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Jerico Spgs. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

James B. Cannon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kent.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Wm. known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kent.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

E. F. Ouel
Jerico Spgs. Mo.

15.

FILED

2-8-1930F. M. Davis.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21-1930

17.

I HEREBY CERTIFY, That I attended deceased from 1-16-, 1930 to 1-21-, 1930 (that I last saw h. w. alive on 1-19-, 1930 and that death occurred, on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy82H

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? nope(Signed) James B. Cannon, M. D., 19 (Address) Jerico Spgs. 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

DATE OF BURIAL

Brash Am.1-23-1930

20. UNDERTAKER

ADDRESS

W. F. LongJerico Spgs. Mo.

1930-1-21
74-11-20
1855-2-1

FEB 27 1957