WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

18992

1. PLACE OF DEATH
County Cooper, Registration District No. 27
Township Otterville Primary Registration District No. 5302
City (No. St. Ward)
File No.
Registered No.

27

2. FULL NAME James A. Von-Cannon
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Nancy Callahan Von-Cannon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17-1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	4	16	

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

9. BIRTHPLACE (CITY OR TOWN) Batesville
(STATE OR COUNTRY) Ark

PARENTS
10. NAME OF FATHER Eli Von-Cannon
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Emelia Black Lunch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Ray Von Cannon
(Address) Clifton City Mo

15. FILED 6/10 1930 Robt L Fogle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to June 2d, 1930 that I last saw him alive on June 2d, 1930, and that death occurred, on the date stated above, at 8.40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart failure from Mitral insufficiency, aortic stenosis -
(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis chronic interstitial (duration) 3 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? Clinical
(Signed) Chas D Orbaugh, M. D
, 19 (Address) Otterville 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: Providence Cemetery
DATE OF BURIAL: June 5 1930

20. UNDERTAKER in Dettis Co Mo: J L Spicers
ADDRESS: Otterville