

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

Do not use this space.

19947

1. PLACE OF DEATH

County Linn

Registration District No. 496

File No. _____

Township _____

Primary Registration District No. 3025

Registered No. 51

City Brookfield

(No. 416 Smith

St. 2nd Ward)

2. FULL NAME Rebecca E. Canoyer

(a) Residence. No. 416 Smith St., 2nd Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jonathan Canoyer
deceased - Sept. 7, 1900

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 30, 1842

7. AGE	YEARS <u>88</u>	MONTHS <u>4</u>	DAYS <u>20</u>	IF LESS than 1 day,hrs. ormin.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Homework
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Pine Village
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Robert Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Polly Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't know

14. INFORMANT Dr. C. C. Canoyer
(Address) 416 Smith Street

15. FILED 6-21-30 Beaie M. Fore
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1930

17. I HEREBY CERTIFY, That I attended deceased from June 20 1930 until I last saw her alive on June 29 1930, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
113 (duration) yrs 3 mos. ds.

CONTRIBUTORY (SECONDARY) 113 (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 clinical
(Signed) Jonathan Canoyer M. D.
, 19 Brookfield Mo (Address)

*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 <u>Rose Hill Cemetery</u>	DATE OF BURIAL <u>June 23 30</u>
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20. UNDERTAKER <u>M. Y. Rusk</u>	ADDRESS <u>Brookfield Missouri</u>
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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.

6-23-30

