

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

38851

JAN 19 1931

1. PLACE OF DEATH
 County Clay Registration District No. 198 File No. _____
 Township Fishing Run Primary Registration District No. 30th Registered No. 119
 City Excelsior Springs No. Excelsior Sanitarium St. _____ Ward) _____

2. FULL NAME Lydia J. Cannon
 (a) Residence. No. _____ St. _____ Ward. Mound City Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 | 10 | 0 | _____

8. OCCUPATION OF DECEASED Home 48
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Goodman
 (STATE OR COUNTRY) _____

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Earl Cannon
 (Address) Mound City Mo

15. FILED 12/5 1930 Y.D. Craven
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 28/1930 (that I last saw him alive on Dec 4, 1930 and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inoperable Uterine Carcinoma
 (duration) 1 yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Toxemia
 (duration) _____ yrs. _____ mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED Mound City, Mo.
 IS NOT AS PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
 WAS THERE AN AUTOPSY? Exploratory autopsy
 WHAT TEST CONFIRMED DIAGNOSIS? R. J. Jaeger
 (Signed) _____, M. D.
 (Address) St. Jo. 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 Mound City Mo. DATE OF BURIAL Dec 5 1930

20. UNDERTAKER John C. Prather Excelsior Spgs
 ADDRESS _____

K. E.—Every item of information 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.

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