

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

Do not use this space.

34241

1. PLACE OF DEATH

County Henry Registration District No. 14
Township Windsor Primary Registration District No. 4211
City Windsor (No. _____) St. _____ Ward _____

File No. _____
Registered No. 28

2. FULL NAME Napoleon Bonaparte 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 45 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cynthia Conrad		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1847		
7. AGE	YEARS 84	MONTHS 7
	DAYS 24	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Henry County Missouri		
FATHER	13. NAME John Cannon	
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Alabama	
MOTHER	15. MAIDEN NAME Ferlow Farmer	
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Virginia	
17. INFORMANT Mrs. Finis Means (ADDRESS) Windsor, Missouri		
18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Oct. 4 1931		
19. UNDERTAKER HUSTON'S FUNERAL CHAPEL (ADDRESS) Windsor, Missouri		
20. FILED Oct 5 1931 Registrar J. J. Jennings		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to Oct 4th, 1931
I last saw him alive on Oct 4th, 1931. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Prostatitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) B. W. Head, M. D.
(Address) Windsor Mo.

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.

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