

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

Do not use this space.

36595

**1. PLACE OF DEATH**

County Stoddard Registration District No. 836  
 Township Liberty Primary Registration District No. 6098a  
 City Berme (No. ....) St. .... Ward ....

File No. 27  
 Registered No. 27

**2. FULL NAME** Daisy Canady

(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 MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 - 1931 to Oct 22 - 1931  
 I last saw him alive on Oct 22, 1931. Death is said to have occurred on the date stated above, at 11:50 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1888

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Duodenal ulcer Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

117B  
120B 117B

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. 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Mo

Other contributory causes of importance:  
Diarrhea  
immaturity

13. NAME Mathew Williams

Name of operation None Date of .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Mary Stephens

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? .....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

Date of injury ....., 19 .....

17. INFORMANT Joe Canady

Where did injury occur? .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Stevens DATE 10-24, 1931

Manner of injury .....

19. UNDERTAKER (ADDRESS) B.M. Hopkins Berme

Nature of injury .....

20. FILED Oct 23 1931 H. Lawrence Pillemer Registrar.

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....

(Signed) D. G. Hope, M. D.  
 (Address) Berme Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

107-2-107

