

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

Do not use this space.

15122

1. PLACE OF DEATH

County Washington
Township British
City (No.) St. Ward

Registration District No. 887
Primary Registration District No. 6179

File No.
Registered No. 34 St. Ward

2. FULL NAME

Melena Baker Canoway

(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 Female 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 Frank Canoway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 0 0

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

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) Illinois

13. NAME Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT Frank Canoway (ADDRESS) Polaski Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Polaski, Mo. DATE 4-15-1932

19. UNDERTAKER Sparks Sparks (ADDRESS) Polaski, Mo.

20. FILED 4-25-1932 Joe L. Phurma Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1932 to April 14, 1932

I last saw h alive on April 9, 1932 Death is said

to have occurred on the date stated above, at 11:25 P.M.

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

Infarct Heart
94 B
154 D
2 1/2
Other contributory causes of importance:
Infection breast
(1)

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? no

If so, specify —

(Signed) Th. H. Spickard, M. D.

(Address) Polaski, Mo.

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.

DEPARTMENT RECORD

DEC 26 1971