

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.

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

Do not use this space.

4309

1. PLACE OF DEATH

County Scott
Township 4
City Chaffee (No.)

Registration District No. 816
Primary Registration District No. 4492

File No.
Registered No. 2 Ward

2. FULL NAME William Annis Cannon

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 5 22

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturing

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) St. Louis Mo.

13. NAME Carl C. Cannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo.

15. MAIDEN NAME Ruby Spencer

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

17. INFORMANT Mrs. C. C. Cannon (ADDRESS) Chaffee, Mo.

18. BURIAL, CREMATION, OR REMOVAL Union Burial Home PLACE Chaffee, Mo. DATE 1/17/1933

19. UNDERTAKER Displing Hoff + Hubbard (ADDRESS) Chaffee, Mo.

20. FILED Jan 16, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan. 14, 1933, to Jan. 15, 1933. I last saw her alive on Jan. 15, 1933. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Acute Gastritis

Date of onset

Other contributory causes of importance:

Catarhal Enteritis

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) W. B. Hardy M. D. (Address) Chaffee Mo.

