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.

NOV 10 1933

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

Do not use this space.

29469

File No.

Registered No. 73

1. PLACE OF DEATH

County Howard. Registration District No. 378

Township ~~Richmond.~~ Primary Registration District No. 4222

City Fayette, (No. , St. Ward)

2. FULL NAME George N. Canole.

(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: Male

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): #

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/16/1933

7. AGE: YEARS #; MONTHS 6; DAYS 28; If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Missouri

FATHER

13. NAME Ira Canole.

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

MOTHER

15. MAIDEN NAME Lucevnia, Broadas.

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

17. INFORMANT (ADDRESS) Ira Canole. Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary. DATE 9/14/33, 19

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED 11-2, 1933 V. Q. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/14/1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1933, to 9-13, 1933

I last saw him alive on 9-13, 1933. Death is said to have occurred on the date stated above, at 5^00 m.

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

	Date of onset
Malnutrition	
13C	
13B	

Other contributory causes of importance:

Acute dysentery	9-2-33

Name of operation none Date of

What test confirmed diagnosis? Dysentery Was there an autopsy? no

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) Ann J. Shaw, M. D.

(Address) Fayette, Mo.