

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.

APR 25 1934

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

Do not use this space.

9059

1. PLACE OF DEATH

County Jackson Registration District No. 342
 Township Kaw Primary Registration District No. 2002
 City Kansas City (No. 6 Research Hospital) St. _____ Ward _____

File No. _____
 Registered No. 1256

2. FULL NAME James Ross Canada

(a) Residence, No. 6623 Park Ave. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Canada
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1874
 7. AGE YEARS 59 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Engineer
 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) Marshfield
 (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME John Canada 9

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

15. MAIDEN NAME Hannah Dawson

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

17. INFORMANT Clifford H. Canada
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE Mar 22, 1934

19. UNDERTAKER R. S. ...
 (ADDRESS) ...

20. FILED Apr 20 1934 M. M. Crowe
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1934

I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to March 19, 1934

I last saw him alive on March 19, 1934. Death is said to have occurred on the date stated above, at 11:35 h.

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

Carcinoma of prostate
51
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? opsy/physical 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) Rubens ..., M. D.
 (Address) 1024 ...

RC Davis