

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Bollinger
Township Marble Hill
City Marble Hill, Mo.

Registration District No. 67
Primary Registration District No. 4039

File No. 11884
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(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 Male 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) Dec 28-1869
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 3 16

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Pool Room
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 30

12. BIRTHPLACE (CITY OR TOWN) Jackson, Mo (STATE OR COUNTRY) Mo

13. NAME Frank Cannon

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

15. MAIDEN NAME Laura Spear

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. J. H. Wiscarver (ADDRESS) Marble Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson, Mo DATE April 15 1934

19. UNDERTAKER Emcraft & Miller (ADDRESS) _____

20. FILED April 14, 1934 C. A. Sander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Revolver wound through head.
suicide.

Other contributory causes of importance: _____

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? suicide Date of injury April 14, 1934
Where did injury occur? Marble Hill, Bollinger Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Revolver wound of head
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) C. A. Sander _____, M. D.
(Address) Marble Hill, 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.

