

JUN 27 1934

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

Do not use this space.

19315

1. PLACE OF DEATH

County Worth
Township Electa
City Grand City (No. 1)

Registration District No. 903
Primary Registration District No. 4511

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode) _____

Length of residence in city or town where death occurred 3 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 Effie Canada

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1873

7. AGE YEARS 60 MONTHS 7 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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

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

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) Gentry, Mo.

13. NAME William Henry Canada

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

15. MAIDEN NAME Argeline Jones

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

17. INFORMANT (ADDRESS) Mrs. Clarence Clance
Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McLernon DATE 5-23-34

19. UNDERTAKER (ADDRESS) Andrews
Grand City, Mo.

20. FILED May 22 1934 Ed Mull, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1934 to May 22 1934

I last saw him alive on May 17 1934 Death is said

to have occurred on the date stated above, at 9 A.M.

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

Serum Date of onset _____

Other contributory causes of importance: 84

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 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

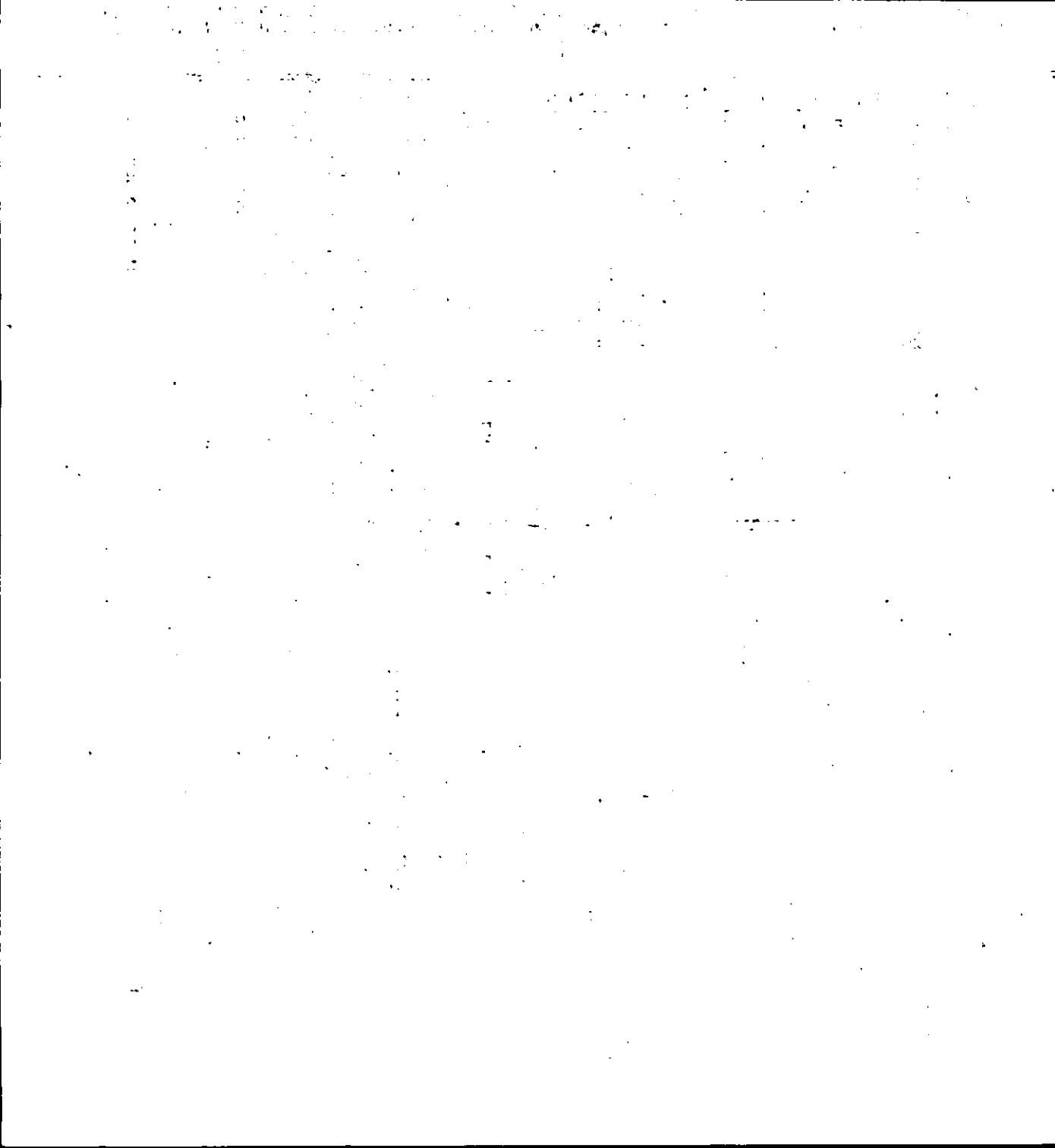
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) John Andrews, M. D.

(Address) _____



We can't get any more information
about Frank Canady.

1931

Fred Mull, M. D

SUPPLEMENTARY

S-19315