

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

Do not use this space.

25233

1. PLACE OF DEATH

County Boone Registration District No. 449
 Township Lebanon Primary Registration District No. 4267
 City Lebanon (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Cynthia M. Canfield
 (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. M. Canfield
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20-1950
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 3
 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) Lebanon Mo.

FATHER 13. NAME H. P. Crane
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y. City N. Y.

MOTHER 15. MAIDEN NAME Betty A. Chastain
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo.

17. INFORMANT Nora Smith
 (ADDRESS) Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Mo. DATE 7-24 34

19. UNDERTAKER Palmer
 (ADDRESS) Lebanon Mo.

20. FILED July 27 1934 C. M. Canfield
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1934
 22. I HEREBY CERTIFY that I attended deceased from July 23, 1934 to July 23, 1934
 I last saw her alive on July 23, 1934. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Senility and Acute Myocarditis
 Date of onset _____
 Other contributory causes of importance: 93A 162
 Name of operation no Date of _____
 What test confirmed diagnosis? 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) J. J. Beasly, M. D.
 (Address) Lebanon, Mo.

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.

AUG 13 1934

