

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.

OCT 8 1934

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

Do not use this space.

30064

1. PLACE OF DEATH

County Marion Registration District No. 577  
Township \_\_\_\_\_ Primary Registration District No. 3579  
City Hannibal (No. 304), S. Hayden

File No. \_\_\_\_\_  
Registered No. 241  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nimrod Canterbury

(a) Residence, No. 304 S. Hayden 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Canterbury</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15, 1844</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>2</u>	DAYS <u>22</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1934  
22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934 to Aug 7, 1934  
I last saw him alive on Aug 7, 1934 Death is said to have occurred on the date stated above, at 10:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration  
925  
Other contributory causes of importance: 925

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Santa Fe Missouri</u>
	13. NAME <u>Chas. Canterbury</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canterbury England</u>
	15. MAIDEN NAME <u>Mildred White</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No data England</u>
	17. INFORMANT <u>Mrs. Mildred Body (Daughter)</u> (ADDRESS) <u>304 S. Hayden, Hannibal, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olivet</u> DATE <u>August 9, 1934</u>	
19. UNDERTAKER <u>Wm. M. Smith</u> (ADDRESS) <u>902 Brady, Hannibal, Mo.</u>	
20. FILED <u>Aug 9, 1934</u> <u>R. H. Isbator</u> Registrar.	

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 \_\_\_\_\_, 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) W. E. Salzer, M. D.  
(Address) Hannibal, Mo.

