

DEC 19 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Nodaway  
Township Bedford  
City Maryville (No. ....)

Registration District No. 625  
Primary Registration District No. 3031

File No. 40190  
Registered No. 124  
St. .... Ward)

## 2. FULL NAME

Aldula Canon

(a) Residence, No. St Francis Hospital Ward. Bedford Iowa  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  Jas. A. Canon.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 1 24

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

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

10. Data 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) Abington Ill.

13. NAME Wm. T. Springsteel

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

15. MAIDEN NAME Anna Lomax

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

17. INFORMANT (ADDRESS) Frank Wetmore Bedford Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedford Iowa DATE Nov. 11 1934

19. UNDERTAKER (ADDRESS) Pride Funeral Home Maryville Mo.

20. FILED Nov 9 1934 Mamie E. Clardy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-6- 1934, to 11-9- 1934

I last saw him alive on 11-9- 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Intestinal obstruction Date of onset 1 week ago.

Other contributory causes of importance:

Myocarditis NOT IL  
Carcinoma Sigmoid Colon  
Uremia

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? No

If so, specify \_\_\_\_\_

(Signed) Jess Lewis, M. D.

(Address) Maryville 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.

