

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

Do not use this space.

APR 2 1935

1. PLACE OF DEATH

County Andrew Registration District No. 26 File No. 7986
 Township _____ Primary Registration District No. 2002 Registered No. 50
 City Mexico Mo (No. Andrew Hospital) St. _____ Ward _____

2. FULL NAME Ernest Elmer Kannon

(a) Residence, No. Mexico Route 2 St. _____ Ward. _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 16

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) Callaway Co. Mo. (STATE OR COUNTRY)

13. NAME Andrew Jackson Kannon

14. BIRTHPLACE (CITY OR TOWN) Callaway Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Talitha Creed

16. BIRTHPLACE (CITY OR TOWN) Callaway Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Carl Kannon (ADDRESS) Auxvasse Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Mo. DATE 3/29 35

19. UNDERTAKER Hughes Maupin (ADDRESS) Auxvasse Mo.

20. FILED Mar 27, 1935 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1935

22. I HEREBY CERTIFY That I attended deceased from Mar 13, 1935 to Mar 27, 1935

I last saw him alive on Mar 27, 1935. Death is said to have occurred on the date stated above, at 3:35 m.

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

Ulcercess of right lung and gangrene of left leg

Other contributory causes of importance: Pneumonia Lobar

Name of operation _____ Date of _____
 What test confirmed diagnosis? Col M Was there an autopsy? Yes

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) [Signature] M. D.
 (Address) Mexico, 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.

SEP 8 1947

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Audrain
Township.....
City..... (No.....

Registration District No. 26
Primary Registration District No. 3002

File No. 7986
Registered No. 150
St. Ward)

2. FULL NAME

Earnest Elmer Skinnon

(a) Residence, No. St. Ward.

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 16

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 3-27-35 Blanche Keely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1935

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:

1. Abscess of right lung and gangrene of lung caused by influenza

Date of onset

Other contributory causes of importance:

Pneumonia lobari

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? no history of injury (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.A. Farrell, M. D.
(Address) Mexico Mo

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.

CONFIDENTIAL

JUL 1 8 1985

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