

JUL 1 1935

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

Do not use this space.

18678

1. PLACE OF DEATH

100 County Scott Registration District No. 821
11 Township Sikeston Primary Registration District No. 4553
7 City Sikeston (No. _____) St. _____ Ward _____

2. FULL NAME

Thomas J. Canaday
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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 Male 4. COLOR OR RACE Caucas 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26-1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 6 13

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. Infant
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) Sikeston, Mo.

13. NAME Allie Canaday

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

15. MAIDEN NAME Lauritta Beverly

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

17. INFORMANT Allie Canaday
(ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Funerary DATE May 11, 1935

19. UNDERTAKER J. J. Wilk
(ADDRESS) Sikeston, Mo.

20. FILED 6/6/35 19 J. H. Resnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1935
22. I HEREBY CERTIFY, That I attended deceased from May 7, 1935 to May 9, 1935
I last saw him alive on May 7, 1935 Death is said to have occurred on the date stated above, at 8:50 p.m.
The principal cause of death and related causes of importance were as follows:

Acute otitis media. Date of onset
Acute meningitis

Other contributory causes of importance
SA

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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) Howard M. Kury, M. D.
(Address) Sikeston, 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.

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