APR 15 1936

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

Do not use this space.

9343

File No. ____
Registered No. 346

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township ____ — Primary Registration District No. 1001
City St. Joseph (No. St. Joseph's Hospital St. ____ Ward)

2. FULL NAME Henry Franklyn Canada
(a) Residence, No. 325 Virginia 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: 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: Emma Louise Canada

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 31, 1864

7. AGE: Years 71 — Months 6 — Days 4 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Laundry worker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Swift Packing Co.
10. Date deceased last worked at this occupation (month and year): July 1, 1935
11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lynn Co. Missouri

FATHER
13. NAME: Issiac Canada
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Matilda Hayes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Emma L. Canada 325 Virginia St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE March 7, 1936

19. UNDERTAKER (ADDRESS): Clark Mortuary 5025 King Hill Av.

20. FILED 3-6, 19 36 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 5, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1936, to March 5, 1936
I last saw him alive on March 5, 1936. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of stomach | possibly about 1 year |
| 46 | |

Other contributory causes of importance: none

Name of operation: none Date of: ←
What test confirmed diagnosis? Xray etc. Was there an autopsy? no

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) A. W. Carle, M. D.
(Address) 3 D. 1 Phy. & Surg. Bldg. St. Joseph 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.