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.

MAR 25 1936

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

Do not use this space.

12265

1. PLACE OF DEATH
County St Louis — Registration District No. 786 — File No.
Township — Primary Registration District No. 4469 — Registered No. 16
City Maplewood (No. 7202 Lyndover St. Ward)

2. FULL NAME Edward B. Cannon
(a) Residence, No. 7202 Lyndover St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carrie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24, 1865
7. AGE: YEARS 70 — MONTHS 8 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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): Troy Mo.

FATHER
13. NAME: James Cannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Rebecca Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moscow Mills Mo.

17. INFORMANT (ADDRESS): Mrs Dorothy Prosser 7202 Lyndover
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 3/16 1936
19. UNDERTAKER (ADDRESS): Akron L & U Co 2707 N Grand Blvd
20. FILED March 19 1936 Pauline Breitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1936, to March 12th, 1936
I last saw him alive on March 5th, 1936. Death is said to have occurred on the date stated above, at 7 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Sep 1935
Other contributory causes of importance:	
Valvular disease Heart	Sep 1935

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Henry Dionysius, M. D.
(Address) 12 E Adams Kirkwood