

JUL 24 1936

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

Do not use this space.

23007

2939

File No. _____

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. _____)

Registration District No. _____
Primary Registration District No. _____
3011 Wabash Ave

2. FULL NAME Norman Henry Canfield

(a) Residence, No. 3011 Wabash Ave St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 15, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 2 4

OCCUPATION
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. Retail Merchant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Fort Dodge
(STATE OR COUNTRY) IOWA

FATHER
13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

17. INFORMANT Frank A. Canfield
(ADDRESS) 3011 Wabash Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burr Oak, Kansas June 21, 1936

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 42nd St. & Baltimore Ave.

20. FILED 6-20-36 W. Meserve
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936, to June 19, 1936.
I last saw him alive on June 19, 1936. Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Chronic Myocarditis

Date of onset Feb. 1934

Other contributory causes of importance:

Chronic Nephritis

Feb. 1934

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) Herbert G. Davis, M. D.

(Address) 3301 Woodland Ave., Kansas City, Mo.

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