JUL 14 1936

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

Do not use this space.

24861

File No. 6516

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. City Hospital #2 St. Ward)

2. FULL NAME Edna Singleton Cannon

(a) Residence, No. 2422 Division St. St., 21 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: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 11th, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	0	15	

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. Housewife

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) Collinsville Ill

FATHER

13. NAME Samuel Beans

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

MOTHER

15. MAIDEN NAME Ella Singleton

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

17. INFORMANT James Singleton
(ADDRESS) 305 Combs St Collinsville Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Collinsville Ill DATE 6-28 1936

19. UNDERTAKER Ellis Funeral Home.
(ADDRESS) 2820 Stoddard St.

20. FILED JUN 27 1936 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/ 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 7th 1936, to June 23rd 1936, I last saw him alive on June 23rd 1936. Death is said to have occurred on the date stated above, at 12 Midnite

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

	Date of onset
Acute Nephritis	
108	
Other contributory causes of importance:	
Lobar Pneumonia	

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? (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) J. Evans, M. D.

(Address) 923 N. Jefferson St.

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.

1936 Lic; # 2560

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