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.

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

Do not use this space.

47423

JAN 27 1937

1. PLACE OF DEATH

County ..... Registration District No. 875 ..... File No. .....

Township ..... Primary Registration District No. 3039 ..... Registered No. 347

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Mary Canole

(a) Residence, No. 1315 W. Lee St., 1 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

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 13 1861

7. AGE YEARS 75 MONTHS 7 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Not Known Missouri

FATHER

13. NAME Charley Murray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Tennessee

MOTHER

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Tennessee

17. INFORMANT (ADDRESS) Mrs E G Keithly Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sandstone Cemet DATE Dec 14 1936

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo

20. FILED 12/11 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-17- 1936, to 12-10- 1936

I last saw her alive on 12-10-36 1936. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Carcinoma of Caecum	?

Other contributory causes of importance: Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? None 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) Reuse H. Potter, M.D.

(Address) Nevada, Mo (Box 144)