

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 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 271

City St. Joseph

(No. State Hosp # 2)

File No. 5081

Registered No. 165

St.

Ward

2. FULL NAME Archie Canning

(a) Residence, No. Avalon Mo

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

— yrs. —

mos. 14 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)

Single

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

✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 - 1905

7. AGE

YEARS

31

MONTHS

1

DAYS

20

IF LESS than 1 day, hrs. or min.

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.

Mechanic

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)

Unknown

13. NAME

Paul Canning

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

Missouri

15. MAIDEN NAME

Lillie May Linton

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

Missouri

17. INFORMANT (ADDRESS)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Avalon Mo DATE 2-11 1937

19. UNDERTAKER (ADDRESS)

J. B. Norman
Funeral Home
Avalon Mo

20. FILED

Feb 9 1937 R. J. Kuttelbach
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 27 1937, to Feb 9 1937

I last saw him alive on Feb 8th 1937 Death is said

to have occurred on the date stated above, at 4:45 a.m.

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

Acute Manical Exhaustion

Date of case

2 weeks

Other contributory causes of importance:

Bronchitis Pneumonia

Name of operation

Date of

What test confirmed diagnosis? Cholesterol 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

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)

J. R. Burch
M. D.
(Address) State Hospital # 2

The first part of the book is devoted to a general introduction to the subject of the history of the United States. It begins with a discussion of the early years of the Republic, from the time of the signing of the Declaration of Independence in 1776 to the end of the War of 1812. This period is characterized by a sense of national identity and a desire for independence from British rule. The second part of the book deals with the period from 1812 to 1860, a time of rapid expansion and growth. The third part of the book covers the period from 1860 to 1900, a time of industrialization and the rise of the Gilded Age. The fourth part of the book discusses the period from 1900 to 1945, a time of war and the emergence of the United States as a world power. The fifth part of the book deals with the period from 1945 to the present, a time of social change and the rise of the New Deal.