

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township East Payson
City Grand City Mo.Registration District No. 904
Primary Registration District No. 6218-File No. 42792Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 50 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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellie Elizabeth Canon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 18567. AGE YEARS 81 MONTHS _____ DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Springfield Mo.13. NAME Alexander Canon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennings15. MAIDEN NAME Francis Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennings17. INFORMANT (ADDRESS) J. P. Fagson18. BURIAL, CREMATION, OR REMOVAL PLACE Albany Mo. DATE 11-1-3719. UNDERTAKER (ADDRESS) Medwards20. FILED 18-1 37 Mrs O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 - 193722. I HEREBY CERTIFY That I attended deceased from Oct 25, 1937, to Nov 1, 1937I last saw him alive on Oct 30, 1937 Death is said to have occurred on the date stated above, at 2 a m.

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

Myocardial degeneration Date of onset 1935of the heart

Other contributing causes of importance:

Thrombosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physician's findings 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 V V

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) J. P. Fagson M. D.(Address) Grand City Mo

