

NOV 17 1938

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

Do not use this space.

44210

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 825 W. 35th)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 5143  
St. .... Ward)

2. FULL NAME Mrs. Lillie Maile Cannon

(a) Residence, No. 825 W. 35th St. .... Ward.

Length of residence in city or town where death occurred 12 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1870

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

67 6 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Lakewood Ohio

13. NAME William Maile

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

15. MAIDEN NAME Alice unknown

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

17. INFORMANT (ADDRESS) James A. Cannon 825 W. 35th

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Dec. 22, 1937

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons

20. FILED Dec 21 1937 M.M. Conover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7-37 to Dec 21-37, 19... I last saw h. u alive on Dec 20-37 Death is said to have occurred on the date stated above, at 12:10 A.M. The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary occlusion

9412

Other contributory causes of importance:

Hypertension

Name of operation None Date of operation

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? None Date of injury ..... 19... Where did injury occur? None (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) James A. Cannon, M. D.  
(Address) 736 W. 35th 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.

W. D. T. Williams  
Orange, Va.