

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

Do not use this space.

1. PLACE OF DEATH
 26 County COLE Registration District No. 213
 3 Township Primary Registration District No. 3014
 5 City JEFFERSON CITY (No.) St. Ward)
 2. FULL NAME GILBERT CANNON - #48998 550
 (a) Residence, No. MISSOURI STATE PRISON 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.

File No. 2489
 Registered No. 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16, 1897
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
40 8 22
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation.....
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 FATHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11
 MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11
 17. INFORMANT Mo. State Prison
 (ADDRESS) g e mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tracy mo. DATE Jan 10 1938
 19. UNDERTAKER Dawson-Tanner Undertaking
 (ADDRESS) Jefferson City, Missouri
 20. FILED 1/21 1938 S. W. Rambo, M. D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8 1938
 22. I HEREBY CERTIFY, That I attended deceased from November 3 1937 to January 8 1938
 I last saw him alive on January 8, 1938 Death is said to have occurred on the date stated above, at 10:15 A. M.
 The principal cause of death and related causes of importance were as follows:
PULMONARY TUBERCULOSIS Date of onset
 Other contributory causes of importance:
FEB 23 1938
 Name of physician BUREAU OF VITAL STATISTICS Date of
 What test NO STATE BOARD OF HEALTH 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?.....
 Also, specify W. W. Rambo M. D.
 (Signed) W. W. Rambo, M. D.
 (Address) W. W. RAMBO, M. D.
Prison Physician

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.

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