

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.

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12449

1. PLACE OF DEATH

County North
 Township Middlefork
 City Franklin (No. _____)

Registration District No. 9-3-1112
 Primary Registration District No. 6213

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Abishia R. Cannon 550

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1849

7. AGE YEARS 88 MONTHS 9 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Tennessee13. NAME Alexander Cannon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Francis Hale16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT (ADDRESS) Decker Mathews

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smith Co. DATE 2/18 1938

19. UNDERTAKER (ADDRESS) John C. Dunfee20. FILED 4/8 1938 Franklin Registrar 827

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-16 193822. I HEREBY CERTIFY That I attended deceased from Dec-2 1937, to Feb-16 1938I last saw him alive on Feb-12 1938. Death is saidto have occurred on the date stated above, at 5:00 a.m.

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

Heart degeneration Date of onset 1920of heartOther contributory causes of importance: V

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. ex. finding 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 _____ 1938

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 VNature of injury V24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. Ross M. D.(Address) Franklin, Mo.

