

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

Do not use this space.

25860

REC'D AUG 25 1938

**1. PLACE OF DEATH**

County MACON  
Township  
City BEUIER (No. \_\_\_\_\_)

Registration District No. 527  
Primary Registration District No. 5703

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** HAROLD LEE CANNAN 550

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

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1938

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

22. I HEREBY CERTIFY That I attended deceased from 2 AM - 7/12/38, 1938, to 4 P.M. 7/14/38

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-27-1937

I last saw h. al alive on 7/12/38, 1938. Death is said to have occurred on the date stated above, at 4 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min. 0 10 19

The principal cause of death and related causes of importance were as follows:  
Primary Bronchopneumonia (Date of onset 7/12/38)

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.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation 0

Other contributory causes of importance: 1972

12. BIRTHPLACE (CITY OR TOWN) BEUIER (STATE OR COUNTRY) MO

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME JOHN E. CANNAN

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

15. MAIDEN NAME EISIE RICKER-CANNAN

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs John CANNAN (ADDRESS) BEUIER, MO

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Not on record DATE July 18 1938

Nature of injury \_\_\_\_\_

19. UNDERTAKER W. Edwards (ADDRESS) Bevier, Mo

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

20. FILED July 21 1938 Edw. Simpson Registrar. 416

If so, specify \_\_\_\_\_ (Signed) W. Edwards (Address) Bevier, Mo

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.

Common

Brown