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.

MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Newton — Registration District No. 612 — File No. 7339
Township Van Buren — Primary Registration District No. 5814 — Registered No.
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME 530 Alfred Rector Canady

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mrs Lelia Canady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 26 - 1871

7. AGE: YEARS 67 — MONTHS 11 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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.
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): Sedalia Mo.

FATHER
13. NAME: Alfred Canady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Judie Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton C. Mo

17. INFORMANT (ADDRESS): Alfred Canady RFB-1 Granby Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Buren Cemetery Newton Co Mo DATE Feb 5 - 1939

19. UNDERTAKER (ADDRESS): Callaway Monett Mo

20. FILED 2-3 1939 Grace Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939, to Feb. 3, 1939
I last saw him alive on Jan. 15, 1939. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation — Date of onset

92 A

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) R. T. Cheatham, M. D.
(Address) Diamond Mo

RECEIVED
District Health Officer No. 6,
District File Number 6-39-521
Date Filed MAR 8 1939