

11 1939

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

43123
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton 2 Registration District No. 204
(b) Township Shoal 1 Primary Registration District No. 3013
(c) City Cameron (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 510 George Henry Canby
(a) Residence, No. West Prospect St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Lillie Canby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 7 11

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 16 1939, 19____
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck hauling
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Suicide by
firearms
Date of onset 12/16/39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kansas

Other contributory causes of importance: 167

FATHER
13. NAME George H. Canby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER
15. MAIDEN NAME Melania
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12/16, 1939
Where did injury occur? Cameron, Clinton co., Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home

17. INFORMANT (ADDRESS) Ralph Canby, Cameron, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron Mo DATE 12/19 39

Manner of injury 410 gauge shotgun charge
Nature of injury Full charge thru left chest

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Moore, Cameron

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. W. Templeman 4, M. D. O.
(Address) Coroner, Clinton co., Cameron, Mo

20. FILED 12/19 1939 D. B. Kelly Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED
District Health Officer No. 11,
District File Number 140-1857
Date Filed JAN 10 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, W. Moore

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed W. Moore

Licensed Embalmer No. 1180

P. O. Address Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.