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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27884

REGISTRATION DISTRICT NO. 89

Primary Registration District No. 3007

State File No. _____

Registrar's No. 334

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME MERIDA O. CANTON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 2 MALE

5. Color or race COL

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DEC 31 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace CHILTON CARTER Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name ALEX CANTON

13. Birthplace GA
(City, town, or county) (State or foreign country)

14. Maiden name WINNIE DENWOOD

15. Birthplace TEXAS
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Freeman

(b) Address 671 N. Benton St Poplar Bluff MO

17. (a) REMOVAL (b) Date thereof Aug 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waller Cem - Carter Co MO

18. (a) Signature of funeral director A. T. Phelan

(b) Address Poplar Bluff MO

19. (a) 8-18-41 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

(c) City or town POPLAR BLUFF MO
(If outside city or town limits, write "RURAL")

(d) Street No. 671 N. BENTON ST
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1941 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 14, 1941, to Aug 14, 1941, that I last saw him alive on Aug 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Severe aortic aneurysm
Heart

Due to Gastric ulcer

Due to _____

Other conditions 95C4
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) su

Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury 0

23. Signature Albert P. Row (M. D. or other) _____

Address Poplar Bluff Date signed 6/18/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

