

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

Do not use this space.

9617

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 5488-3018
City Clinton (No. 216, North Washington

File No. _____
Registered No. 46
St. 2nd Ward

2. FULL NAME Ellen W. Canan

(a) Residence, No. 323 West Green St., 2nd 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

3. SEX Female	4. COLOR OR RACE Caucasian	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward D. Canan		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-29-1852		
7. AGE	YEARS	MONTHS
	79	-
		DAY
		28
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dependent	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pentioned	
	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) Platte County Missouri

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER 15. MAIDEN NAME Ellen Schuller

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Carter Canan Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 3-30-1931,

19. UNDERTAKER (ADDRESS) W. H. SIMS Clinton, Missouri

20. FILED 3/30 1931 Ed C. Reelov Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28 .1931

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1931, to 3/28, 1931
I last saw him alive on 3/28, 1931. Death is said to have occurred on the date stated above, at 3 P. m.

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

Softening of the brain due to closure of the arteries from atherosclerosis

Other contributory causes of importance:
876
817

Name of operation _____ Date of _____
What test confirmed diagnosis? Chromic 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 _____, 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? (1)
If so, specify _____

(Signed) Ed. C. Reelov, M. D.
(Address) Clinton, 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.

APR 23 1931

