

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.

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

Do not use this space.

MAR 25 1935

1. PLACE OF DEATH  
 County Henry Registration District No. 14  
 Township Windsor Primary Registration District No. 4211  
 City Windsor (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mrs. Laura Cannon  
 (a) Residence, No. Windsor, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 5119  
 Registered No. 2

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. D. Cannon  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 4 9  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Henry County (STATE OR COUNTRY) Missouri  
 13. NAME Drury Cannon  
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)  
 15. MAIDEN NAME Mary Miller  
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)  
 17. INFORMANT Mrs. C. C. Hartle (ADDRESS) Windsor, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE March 3, 1935  
 19. UNDERTAKER GUSTON TURNER MORTUARY (ADDRESS) Windsor, Missouri  
 20. FILED Mar 1, 1935 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 1935  
 I HEREBY CERTIFY, That I attended deceased from Feb 17 1935, to Feb 28 1935  
 I last saw him alive on Feb 25 1935. Death is said to have occurred on the date stated above, at 11:30 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis Date of onset several years ago  
 Other contributory causes of importance:  
93  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chm. of 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] M. D.  
 (Address) Windsor, Mo.

42  
882

31

31

