

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

Do not use this space.

1537

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2010 Ky 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1924

7. AGE YEARS MONTHS DAYS 10 11 11 11
IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jasper
(STATE OR COUNTRY)

10. NAME OF FATHER Hugh Cannon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mrs. Mays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Michigan
(STATE OR COUNTRY)

14. INFORMANT Hugh Cannon
(Address) Jasper Mo

15. FILED 1/23 19. 28 W. A. Benson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 19 28

17. I HEREBY CERTIFY, That I attended deceased from 1-11, 1928, to 1-14, 1928 that I last saw h. alive on 1-11, 1928, and that death occurred, on the date stated above, at 2-45 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
(duration) yrs. mos. ds. 5
-CONTRIBUTOR (SECONDARY) IB
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

Did an OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) [Signature], M. D.
1/22 1928 (Address) Jasper Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Park DATE OF BURIAL 1-17 1928

20. UNDERTAKER Hurlbut and Co ADDRESS Jasper 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.

WHITENBY, INC., WITH UNFADING INK—THIS IS A PERMANENT RECORD

