

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

Do not use this space.

40169

File No. ....  
Registered No. 12 .....  
St. .... Ward)

1. PLACE OF DEATH

County Wallas  
Township Wilson  
City Phillipsburg (No. ....)

Registration District No. 247  
Primary Registration District No. 5343

2. FULL NAME

Margaret Canale

(a) Residence. No. .... 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. H. Canale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 4 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 2 8

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER William Hench

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Alonzo Canale  
(Address) Phillipsburg Mo

15. FILED 12-14-29 J. J. Dalbot REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-12-29  
17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 530A.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

No Physician in attendance from my familiarity with her physical condition. Having attended her for 3 days 10 days ago I think it was Apoplexia she was found dead in bed.  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 7401/82A  
IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH, DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

12-13-29 (Signed) J. J. Dalbot, M. D.  
, 19 (Address) Long Lane 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 New Hope DATE OF BURIAL 12-14-29

20. UNDERTAKER J. J. Dalbot ADDRESS Phillipsburg 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.

295  
2  
31

121

121