WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

41175

1. PLACE OF DEATH

County Johnson — Registration District No. 479 — File No. 5

Township ~~Grover~~ Warrington — Primary Registration District No. 5584 — Registered No.

City (No. ... St. ... Ward)

2. FULL NAME Edith Canida

(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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-2-1913

7. AGE: Years 16 — Months — Days 20 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

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(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) (STATE OR COUNTRY) Johnson Co Mo

PARENTS

10. NAME OF FATHER Burl Canida

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

12. MAIDEN NAME OF MOTHER Bill Hensley

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

14. INFORMANT Burl Canida
(Address) Knob Noster Mo

15. FILED 12/23, 1929 J. A. Koch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1929.

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1929, to Dec 22, 1929. that I last saw her alive on Dec 22 1929 and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Valvular Disease Chr
131
92A

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (2) Chr Nephritis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D

, 19 (Address) Knob Noster 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: Hoover Cem. — DATE OF BURIAL: 12/23 1929

20. UNDERTAKER: [signature] — ADDRESS: [illegible] Mo