

MARGIN RESERVED FOR BINDING. 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.

APR 24 1933

Dr. Heavensbridge.

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

Do not use this space.

10308

1. PLACE OF DEATH
 County Monroe Registration District No. 547
 Township Monroe Primary Registration District No. 3079
 City Hannibal (No. 312 Willow St. 6 Ward)

2. FULL NAME David Edward M^e Cann
 (a) Residence, No. 312 Willow St., 6 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 31 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.
 Registered No. 97
 St. 6 Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Davis M^e Cann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shap Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.R. & P. - R.R.

10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1933, to March 17 1933
 I last saw him alive on March 16 1933. Death is said to have occurred on the date stated above, at 10:40 P. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
131 131

Other contributory causes of importance:

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palls to Mo.

FATHER
 13. NAME Benjamin M^e Cann.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
 15. MAIDEN NAME Polly (dont know)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Emma M^e Cann
 (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hadesburg Supting DATE March 20 - 1933

19. UNDERTAKER (ADDRESS) W. J. ...

20. FILED Mar 20 1933 6 Colasius Registrar.

Name of operation 222 Date of

What test confirmed diagnosis? Blood Was there an autopsy?

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) Heavensbridge M. D.
 (Address) Hannibal Mo
2005 Market St

