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

Do not use this space.

24625

File No. .....

Registered No. 27420

1. PLACE OF DEATH

County Jackson

Township

City Kansas City (No. 613 Main St St. ..... Ward)

Registration District No. 899

Primary Registration District No. 1002

2. FULL NAME L. F. Canning

(a) Residence, No. 613 Main St 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Unknown

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

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

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) (STATE OR COUNTRY) Do not know

FATHER

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Coroner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mosser Hill DATE 7/30/34, 19

19. UNDERTAKER (ADDRESS) O V Mary Funeral Home 3146 Main St.

20. FILED July 30, 1934 M Mclaren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1934

22. I HEREBY CERTIFY, that I attended deceased from ....., 19....

I last saw ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... P.M.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia — Date of onset

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Other contributory causes of importance:

No Autopsy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 part due to or was related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

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.

WRITE PLAINLY, WITH INK, IN PERMANENT INK.

AUG 21 1934

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