

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.

SEP 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. 216)

Registration District No. 347
Primary Registration District No. 5488 7018
North Washington

File No. 29045
Registered No. 118
St. 2 Ward

2. FULL NAME Sara B. Canan

(a) Residence, No. 216 No. Washington St. 2 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carter Canan				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25-1874				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	1	4	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife			
	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) Polk County Missouri				
MOTHER	13. NAME Alonzo Y. Brandenburg			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana			
	15. MAIDEN NAME Elizabeth Layton			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois				
17. INFORMANT Carter Canan (ADDRESS) Clinton, Missouri				
18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 8-31-1934				
19. UNDERTAKER Sims Funeral Home (ADDRESS) Clinton, Missouri				
20. FILED 3 34 J. R. Haugton Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-30 1934**

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to 8-30 1934
I last saw him alive on 8-29 1934. Death is said to have occurred on the date stated above, at 12 P. M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of thyroid gland
535
Date of onset **Dec 1933**

Other contributory causes of importance: **53**

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 any way related to occupation of deceased?
If so, specify
(Signed) **H. S. Walker** M. D.
(Address) **Clinton Mo.**

