

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.

JAN 5 4 1935

45107

1. PLACE OF DEATH

County
Township
City St. Louis (No. City)

Registration District No. 701
Primary Registration District No. 1123

File No. 1226
Registered No. 1226
St. Ward)

2. FULL NAME

Allegail Cannon

(a) Residence, No. 1823 1/2 St. 23 Ward. (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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>9</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 181

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) Wellston

13. NAME Frank Cannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis

15. MAIDEN NAME Burdie Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cold Water

17. INFORMANT (ADDRESS) Burdie Cannon
1823 or 2nd St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Dec. 27 1934

19. UNDERTAKER (ADDRESS) A. F. Hatten
2707 Chestnut St.

20. FILED C 21 1935 19 Jan 30 Joe J. Bredack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 19 34

22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19

I last saw him alive on, 19, Death is said

to have occurred on the date stated above, at 5:50 A.M.

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

Shock & Injuries, Second Degree

Burns, both thighs and legs, buttocks & right forearm, sustained when the child fell backwards into a bucket of boiling

water that the mother had just placed on the floor - at residence, Dec. 21, 1934, at abt. 3:10 PM

Name of operation, Date of, What test confirmed diagnosis?, Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/21, 1934
Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall into bucket hot water
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None (Signed) Narvel P. Hatten

