

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.

27774

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Franklin

Registration District No. 273
Primary Registration District No. 6018A

File No.
Registered No. 124

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Cannon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8-1860</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>10</u>
	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Data deceased last worked at this occupation (month and year) <u>1933</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Wm Johnson

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

15. MAIDEN NAME Marguerite Bohlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Arnold Edwards

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beaver Creek Rd DATE July 11 1936

19. UNDERTAKER Wolman & Sons

(ADDRESS) Franklin, Mo.

20. FILED July 10, 1936 V. J. Robinson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1936

22. I HEREBY CERTIFY, that I attended deceased from July 9 1936, to July 10 1936.
I last saw him alive on 7-8-1936 Death is said to have occurred on the date stated above, at 5:15 A.M.

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

Chronic myocarditis
920
Other contributory causes of importance:
myocard degeneration

Date of onset

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 Chyle Chwintz
(Signed) Chyle Chwintz, M. D.
(Address) Franklin, Mo.

