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.

JUN 12 1937

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4516

City ST LOUIS-MO (No. 4045, ENRIGHT AVE St. ..... Ward)

2. FULL NAME Malinda CANAAN

(a) Residence, No. 4045 Enright St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

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

7. AGE: About 82 YEARS | 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. Housepeeper

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): Vicksburg MISS

FATHER

13. NAME: SOLMON JONES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISS

MOTHER

15. MAIDEN NAME: Pothenia Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISS

17. INFORMANT (ADDRESS): LULU CANAAN 4045 Enright ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE MAY 2nd 1937

19. UNDERTAKER (ADDRESS): A. L. BEAL Und Co. 2726 Lucas ave

20. FILED MAY 1 - 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 29, 1937

22. I HEREBY CERTIFY: That I attended deceased from Apr 27, 19..., to Apr 30, 1937

I last saw her alive on Apr 29, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Valvular Heart Disease	1 yr
Arteriosclerosis	1 yr

Other contributory causes of importance:

Nephritis Chron	1 yr

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) Samuel Stafford, M. D.

(Address) 9251 Jefferson