REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin
Township Ind.
City Kennett (No. ..... St. ..... Ward)

Registration District No. 288
Primary Registration District No. 4172

File No. 18177
Registered No. .....

2. FULL NAME Imogene B. Cannon 5'

(a) Residence, No. ..... 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 F
4. COLOR OR RACE White
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) May 18-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 19 hrs. or 5 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kennett, Mo.

FATHER
13. NAME Leon Cannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morehouse Mo

MOTHER
15. MAIDEN NAME Dorothy Finley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo.

17. INFORMANT (ADDRESS) Leon Cannon 604 - King - Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge DATE 5/20 - 38

19. UNDERTAKER (ADDRESS)

20. FILED 6-6 1938 Wheeler Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to May 19, 1938
I last saw her alive on May 19, 1938. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Defective heart Valves. 15 yr

Date of onset: Birth

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) J. J. Rigdon, M. D.
(Address) Kennett Mo

GROUP OF DEATHS in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.