

DEC 30 1936

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

Do not use this space.

42355

1. PLACE OF DEATH

County St. Francois
Township Leadleton
City (No. _____) _____

Registration District No. 773
Primary Registration District No. 6023

File No. _____
Registered No. 197 _____
St. _____ Ward _____

2. FULL NAME

Ida F. Canterberry

(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

MEDICAL CERTIFICATE OF DEATH

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 Frank Canterberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 10 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) mine Garnett Mo

13. NAME Andrew Sandgriff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, Mo. Grand

15. MAIDEN NAME Missouri Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT J. L. Sandgriff (ADDRESS) St. Francois Mo

18. BURIAL, CREMATION, OR REMOVAL See Run PLACE St. O. F. Cem DATE Nov 4 1936

19. UNDERTAKER Widert and Co (ADDRESS) St. Francois Mo

20. FILED 11-3- 1936 T. J. Robinson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 15 1936 to Nov 2 1936

I last saw her alive on Nov 2 1936 Death is said

to have occurred on the date stated above, at 6.45 a.m.

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

Dysphoid fever

Date of onset _____

Other contributory causes of importance: _____

Name of operation Obit 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 Pyphoid fever

(Signed) J. L. Sandgriff M. D.

(Address) St. Francois Mo

