



Andes, Cannon, Sowders Family

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Registration		CERTIFICATE OF DEATH	
Dist. No.	55251	Oklahoma State Board of Health	
Primary Dist. No.	5525	BUREAU OF VITAL STATISTICS	
1 PLACE OF DEATH		113	
City <u>Britton Okla.</u>		Registered No. <u>2</u>	
2 FULL NAME <u>George Washington Cannon 350</u>		(If death occurred in a hospital or institution give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>W.</u>	16 DATE OF DEATH <u>Jan 22nd 1936</u>	
5 DATE OF BIRTH <u>April 12 1891</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>July 1932</u> to <u>Jan 22 1936</u>	
6 AGE <u>64</u> yrs. <u>9</u> mos. <u>10</u> ds. or minutes		that I last saw him alive on <u>Jan 22nd 1936</u>	
7 OCCUPATION (a) Trade, profession or particular kind of work. <u>Farmer</u>		and that death occurred on the date stated above at <u>9:30 p.m.</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>OP</u>		The CAUSE OF DEATH* was as follows:	
8 BIRTHPLACE (State or Country) <u>Jackson County Tenn</u>		<u>Heart, Myocarditis</u>	
9 NAME OF FATHER <u>William Jackson Cannon</u>		(Duration) <u>7</u> yrs. <u>0</u> mos. <u>0</u> ds.	
10 BIRTHPLACE OF FATHER (State or Country) <u>Tenn</u>		Contributory (Secondary) <u>Hypertension</u>	
11 MAIDEN NAME OF MOTHER <u>Elizabeth Sneed</u>		(Duration) <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds.	
12 BIRTHPLACE OF MOTHER (State or Country) <u>Tenn</u>		(SIGNED) <u>H. D. Watson, M. D.</u>	
13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		1-23 1936 (Address) <u>Britton Okla</u>	
Informant <u>Mrs. G. W. Cannon</u>		*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
(Address) <u>Britton</u>		14. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)	
Jan 23 1936 <u>Mrs. A. C. Harting</u> Registrar		At place of death <u>yes</u> <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds. In the State <u>yes</u> <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.	
		Where was disease contracted, if not at place of death?	
		Former or usual residence	
		15 PLACE OF BURIAL OR REMOVAL <u>Mount Olive</u>	
		DATE OF BURIAL <u>1-24 1936</u>	
		20 UNDERTAKER <u>Britton Funeral Home Britton</u>	
		ADDRESS	

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