

APR 27 1927

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

Do not use this space.
9555

1. PLACE OF DEATH

County St. Louis
Township Cardinal
City St. Louis

Registration District No. 1123

Primary Registration District No. 6248 F

File No.

Registered No. 89

St. Ward)

2. FULL NAME Donald Roger McCann

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3, 1926

7. AGE

YEARS MONTHS DAYS If LESS than I day, hrs. or min.
0 4 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Harold McCann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oshta

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Louise Hennepfing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis

(STATE OR COUNTRY) Illinois

14.

INFORMANT (Address) Harold McCann
148 W. Mary Ann

15.

FILED mch. 3 19 27 L. C. Obrock M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/2 19 27

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 24 to March 2, 1927 that I last saw him alive on 3/2, 19 27, and that death occurred, on the date stated above, at St. Louis.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Bronchitis Pneumonia
2. 110
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) E. A. Scott, M. D.

19 (Address) 3548 S Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mount Hope Mch 4 1927

20. URDENTAKER

ADDRESS

Chapman & Co 784 S. Osborn

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—THIS IS A PERMANENT RECORD

