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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 2592

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3526 Laclede a St. ..... Ward)

File No. .....

Registered No. 147

2. FULL NAME James V McCann

(a) Residence. No. ..... St., 18 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: Male

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary C McCann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 30th 1847

7. AGE: Years 80 | Months 2 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Realtor

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: Charles McCann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Elizabeth Daly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Catherine McCann
(Address) 3526 Laclede Av

15. FILED JAN -5 1928 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 4 1928

17. I HEREBY CERTIFY, That I attended deceased from 11/1, 1927, to Jan 4, 1928, that I last saw him alive on Jan 4, 1927, and that death occurred, on the date stated above, at 12:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart desease (duration) ..... yrs. Chronic ds.

CONTRIBUTORY (SECONDARY): Valvular Heart Desease (duration) ..... yrs. Chronic ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) J Mayer, M.D.

1/4/27 19 (Address) 1800 Olive St

*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: Calvary

DATE OF BURIAL: 1-7- 1928

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash St

[illegible]
1800 [illegible]

[illegible] 8450

11