

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

Do not use this space.

12930

1. PLACE OF DEATH
 County Linn Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 917 W. Dawson)
 2. FULL NAME Louis J. Gannon
 (a) Residence, No. 917 W. Dawson St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da. (If nonresident give city or town and State)

File No. _____
 Registered No. 283
 St. _____ Ward _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Gannon
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1878
 7. AGE YEARS 49 MONTHS 9 DAYS 13 If LESS than 1 day, _____ hrs. _____ min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-12-28
 17. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1928, to Apr 12, 1928, that I last saw him alive on Apr 12, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral haemorrhage
apoplexy
 (duration) _____ yrs. _____ mos. 7 da.
 CONTRIBUTORY (SECONDARY) Myocarditis
 (duration) 2 yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)
 10. NAME OF FATHER John Plant
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Jane Tallock
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED? IF NOT A PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. Kemmon M. D.
12, 1928 (Address) Springfield Mo.
 *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.

14. INFORMANT Jack Gannon (Address) 917 W. Dawson
 15. FILED 4/13 28 Oct forat Mrs REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waynes Hill DATE OF BURIAL 4-13-28
 20. UNDERTAKER W. L. Kern ADDRESS Waynes Hill

