

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.

22455

1. PLACE OF DEATH

County.....

Registration District No.

791

1003

Township.....

Primary Registration District No.

File No.

Registered No.

6651

City *St. Louis*(No. *1412 Farragut*)

St. Ward)

2. FULL NAME

Lillburn M. Cann(a) Residence. No. *1412 Farragut* St. *9* 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)

Married

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

Married

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

Oct. 1, 1839

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

*88**8**23*

8. OCCUPATION OF DECEASED

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

Carpenter

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Warrenton, Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Jessie M. Cann

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Not known

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Pheliam Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Not known

(STATE OR COUNTRY)

North Carolina

14.

INFORMANT

(Address)

*Emma Runyan**1412 Farragut*

15.

FILED

V 25 1928

May C. Stark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 24, 1928

17.

I HEREBY CERTIFY That I attended deceased from *June 12*, 19*28*, to *June 24*, 19*28*
that I last saw *him* alive on *June 12*, 19*28*, and that death occurred, on the date stated above, at *5:30 P.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

La Grippe

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *No* DATE OFWAS THERE AN AUTOPSY? *No*WHAT TEST CONFIRMED DIAGNOSIS? *Sm*(Signed) *Chas. J. Stark*

6/25, 1928 (Address)

2806 W. 12th

*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

*Warrenton, Mo**June 26, 1928*

20. UNDERTAKER

ADDRESS

*Shedmyer**3934 N. 20*

