1123
JAN 28 1929.

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

Do not use this space.

42442

1. PLACE OF DEATH
County St. Louis. Registration District No. 1123 File No.
Township CONDELET Primary Registration District No. 6248 B. Registered No. 446
City Jefferson Barracks, Mo. (No. U.S. Veteran's Hospital, Jefferson Brks, Mo. St. Ward)

2. FULL NAME William F. Kane.
(a) Residence. No. 4907 Lansdowne Ave., St. Louis, Mo. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

I. R. Wagner
I. R. Wagner M.D.
Medical Officer In Charge
(If nonresident give city or town and State)

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 OF (OR) WIFE OF Mrs. Katherine Kane.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26, 1891

7. AGE: Years 37 | Months 1 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.
(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Massachutes.

PARENTS
10. NAME OF FATHER Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.
12. MAIDEN NAME OF MOTHER Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. E. H. Gibbons
INFORMANT E. H. Gibbons, Medical Officer.
(Address) U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. Jan. 1, 1929 L. C. Abrol
FILED ....., 19 29 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 31 19 28

17. I HEREBY CERTIFY, That I attended deceased from December 22, 1928, to December 31, 1928, that I last saw h. im alive on December 31, 1928, and that death occurred, on the date stated above, at 2:15 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
10 M.
97 100 d
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Scherosis combined
W.B. (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Not determined
0
DID AN OPERATION PRECEDE DEATH? No DATE OF ....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical manifestations, x-ray and laboratory findings.
(Signed) E. T. Gallagher, Medical Officer. M.D.
, 19 U.S. Veterans' Hospital, Jefferson Barracks, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Springfield, Mass.
DATE OF BURIAL: Jan. 4 1929
20. UNDERTAKER: C. Hoffmeister U. & E. Co.
ADDRESS: 7814 S. Broadway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD