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

Do not use this space.

26158

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ..... (No. 4820 Farlin Ave St. ..... Ward)

File No. .....

Registered No. 7361

2. FULL NAME William H. Kane

(a) Residence. No. 4820 Farlin St., 7 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-12-1866

7. AGE: Years 63 | Months 5 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: William Kane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Elizabeth Buckley July 14, 1929
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs May Kane
(Address) 4820 Farlin Ave

15. FILED JUL 15 1929 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1929, to July 13, 1929, that I last saw him alive on July 13, 1929, and that death occurred, on the date stated above, at 6:15 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral hemorrhage
59
63 A
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus
(duration) 2 yrs. ..... mos. ..... 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? Usual clinical + laboratory
(Signed) Edward N. Snyder, M.D.
July 14, 1929 (Address) 3153 N. Newstead

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 Cem.
DATE OF BURIAL: 7/16 1929

20. UNDERTAKER: W. A. Stock Und Co
ADDRESS: 2176 E Grand

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.

15 - 61