

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City Hospital #1**)

File No. **39270**  
Registered No. **11803**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Sam Cannon alias Frank Johnson**  
(a) Residence, No. **1803 Wash St.**, **25** Ward. (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 <b>Male</b>		4. COLOR OR RACE <b>White</b>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Unknown</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Unknown</b>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.	
<b>42</b>	<b>42</b>	<b>✓</b>	<b>-</b>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>Laborer</b> (b) General nature of industry, business, or establishment in which employed (or employer) <b>Street cleaner</b> (c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Missouri</b>					
10. NAME OF FATHER					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis</b>					
12. MAIDEN NAME OF MOTHER <b>Worsh</b>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)					

14. INFORMANT (Address) **John J. Hurley, Treasurer Office**  
15. FILED **REC - 1 1929** **Max C. Starker** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **11/13/29** 19  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ that I last saw h..... alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at **12:30 P.** m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Fracture of Right Temporal Bone. Fracture Right Middle Fossa. Due to falling to Street** (duration) ..... yrs..... mos..... ds.  
CONTRIBUTORY (SECONDARY) **Accident** (duration) ..... yrs..... mos..... ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY? **yes.**  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **J. W. Kerner M.D.**  
**12/3/29** (Address) **Dep. Coroner**  
\*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 **Coller Field** DATE OF BURIAL **12/6 1929**  
20. UNDERTAKER **Ziegenhew Bros** ADDRESS **2627 Cherokee**

MARGIN RESERVED FOR BINDING

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

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.

V. S. No. 2.

