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.

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

Do not use this space.

29326

1. PLACE OF DEATH
County St.Louis, Mo. Registration District No. 1123
Township CARONDELET Primary Registration District No. 0248 B
City Jefferson Barracks, Mo. (No. USV.Hospital. St. Ward)

File No.
Registered No. 286

2. FULL NAME Charles J. Gannon
(a) Residence, No. 3108 Rolla Place, St.Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1888
7. AGE: YEARS 42 MONTHS 7 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glidden Paint Wks.
10. Date deceased last worked at this occupation (month and year) About 2 yrs. ago.
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Louis, Missouri.

FATHER
13. NAME Charles Gannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER
15. MAIDEN NAME Johanna Mulcahy.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Louis, Missouri.

17. INFORMANT (ADDRESS) C. E. SMITH, M.D. Clinical Director, USVHosp. Jeff.Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calgary DATE 7/6 1931

19. UNDERTAKER (ADDRESS) Witt Bros - Witt Bros 2929 S Jefferson

20. FILED Aug 3, 1931 L.K. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, 19..., to Aug. 3, 1931
I last saw him alive on Aug. 3, 1931. Death is said to have occurred on the date stated above, at 5:50 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess, pulmonary, right upper lobe.	Unk.
Anemia, secondary, severe	Unk.
114 B	
71 B	

Other contributory causes of importance: None. 114 B

Name of operation Blood Transfusion Date of 7/30/31
What test confirmed diagnosis? Laboratory, x-ray and autopsy finding Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. GIBSON, M.D. Medical Officer, Lt. Col. Ge., M.D.
(Address) USVHosp. Jeff. Brks.