

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

Do not use this space.

41944

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 4534 A Gibson Ave) St. Ward)

File No.
Registered No. **10989** St. Ward)

2. FULL NAME William Gannon

(a) Residence, No. 4534 A Gibson St., 18 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Isabel Gannon</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 12, 1870</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Med. Cur. Material</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pensioned</u>			
10. Date deceased last worked at this occupation (month and year) <u>1930</u>		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Waterloo Illinois</u>				
FATHER	13. NAME <u>James Gannon</u>			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ireland</u>			
MOTHER	15. MAIDEN NAME <u>Bridget Cooney</u>			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>New Orleans La</u>			
17. INFORMANT <u>Isabel Gannon</u> (ADDRESS) <u>4534 A Gibson Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cahany Cemetery</u> DATE <u>12-26</u> , 19 <u>33</u>				
19. UNDERTAKER <u>Thompson Mortuaries</u> (ADDRESS) <u>4339 St. Louis Highway</u>				
20. FILED <u>EU 62 1933</u> <u>J. H. Beedeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17th, 1933 to Dec 22nd, 1933

I last saw him alive on Dec 22nd, 1933 Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic)
930

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?, 19.....
Where did injury occur?, 19.....
(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? No
If so, specify

(Signed) George Manning, M. D.
(Address) 56025 Baltimore

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.

JAN 26 1934

