

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

Do not use this space.

JAN 8 1935

1. PLACE OF DEATH *Little Sisters of the Poor - 399*  
 County *Jackson* Registration District No. *399*  
 Township *Kaw* Primary Registration District No. *1002*  
 City *Kansas City Mo* (No. *5331 Highland Ave*) St. *Ward*

2. FULL NAME *George Mc Cannon*  
 (a) Residence, No. *5331 Highland Ave* St. *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.

42942

File No. *5331*  
 Registered No. *5331*

**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 *Florence Houghes McCannon*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-20-1858*  
 7. AGE YEARS *76* MONTHS *9* DAYS *10* If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) *Carlisle* (STATE OR COUNTRY) *Indiana*

FATHER 13. NAME *Hough Mc Cannon*

14. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Martha Tumble*

16. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY)

17. INFORMANT *John Benedict* (ADDRESS) *5331 Highland Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Mary* DATE *Dec 12 1934*

19. UNDERTAKER *Quirk and Tobias Co* (ADDRESS) *20 W. Second*

20. FILED *1/11 1934 M. M. Cronin* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-10 1934*  
 22. I HEREBY CERTIFY, That I attended deceased from *Aug 15 1934* to *Dec 10th 1934*  
 I last saw him alive on *Dec 8th 1934* Death is said to have occurred on the date stated above, at ..... m.

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

*Coronary Artery Disease* Date of onset *Aug 34*  
*24*  
 Other contributory causes of importance: *Lungs*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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 *Paul W. Cronin*, M. D.  
 (Signed) *Paul W. Cronin*  
 (Address) *1402 Bryant St*

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.

