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.

JUN 4 1935

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

Do not use this space.

15159

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 129
City Koch (No. Koch Hospital St. Ward)

2. FULL NAME Kathryn Gannon
(a) Residence, No. 3888 Utah St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: JOHN GANNON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-10-1899

7. AGE: 35 YEARS, 10 MONTHS, 22 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Jan 1933
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Roadhouse Illinois

FATHER
13. NAME: Henry Carr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? unknown

MOTHER
15. MAIDEN NAME: Edith ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? unknown

17. INFORMANT (ADDRESS): Robert Koch Hospital Record Koch, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 4-6 1935

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4728 So Kingshighway

20. FILED Apr 6 1935 G. Mowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-3-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1-35, 19..., to 4-3-35, 19...
I last saw her alive on 4-3-35, 19... Death is said to have occurred on the date stated above, at 9:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov '32
Spontaneous Pneumothorax	4-3-35

Other contributory causes of importance:

Name of operation Pneumothorax Date of 4-3-35
What test confirmed diagnosis? X-Ray Sputum 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? No
If so, specify
(Signed) Paul Murphy, M. D.
(Address) Koch Mo.