

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

Do not use this space.

NOV 2 1935

791  
1003

8196  
31357

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1003  
 Township City Primary Registration District No. St. Joseph  
 City St. Louis (No. 791) St. St. Joseph Ward 13

**2. FULL NAME**

Charles McCann  
 (a) Residence, No. Infirmery Ward 13  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 30 yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Mary McCann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 22 1868</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>10</u>
	DAYS <u>5</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>carpenter</u>		
10. Date deceased last worked at this occupation (month and year)		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1935  
 22. I HEREBY CERTIFY, That I attended deceased from 9/9 1935 to 9/27 1935  
 I last saw him alive on 9/27 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

arterio-sclerotic heart disease  
arterio-venous an.

Other contributory causes of importance: 96

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.....

(Signed) Dr. J. M. ... M. D.  
 (Address) City St. Joseph

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>
13. NAME <u>Mr. McCann</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
15. MAIDEN NAME <u>Mary James</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT (ADDRESS) <u>Dr. J. M. ...</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>laboury</u> DATE <u>Sept 30 1935</u>
19. UNDERTAKER (ADDRESS) <u>John ...</u>
20. FILED <u>9-29-35</u> <u>J. Bredeck</u> Registrar.

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—THIS IS A PERMANENT RECORD

