

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.

NOV 26 1935

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

Do not use this space.

33138

PLACE OF DEATH

County Jefferson  
Township Merramec  
City St. Louis

Registration District No. 475  
Primary Registration District No. 5580

File No. 10 83  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME

Martin Cannon  
(a) Residence No. St. Joseph's Hill Infirmary, Eureka, Mo.  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 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>Annie C. Craftley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/17/1858</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>3</u>	DAYS <u>120</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>stone cutter</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.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year) <u>about 1931</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
13. NAME <u>Martin Cannon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>County, Clare Ireland</u>		
15. MAIDEN NAME <u>Mary Smythe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Anthony J. Cannon</u> (ADDRESS) <u>3756 Suddell Blvd. St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>10-30</u> 19 <u>35</u>		
19. UNDERTAKER <u>Arthur J. Cannon, Inc.</u> (ADDRESS) <u>3840 Grand St. St. Louis</u>		
20. FILED <u>28 35</u> <u>James A. Towns</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935, to Oct 27, 1935.  
I last saw him alive on Oct 26, 1935. Death is said to have occurred on the date stated above, at 6: A. m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
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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) Jose S. Sargent, M. D.  
(Address) Eureka, Mo.

