

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Ray Primary Registration District No. 1002
City Jackson (No. 2416 Michigan) St. Jackson Ward 1

2. FULL NAME Fatriek J. Cannon
(a) Residence, No. 2416 Michigan Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

33267

File No. 3713
Registered No. 3713
St. Jackson Ward 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27th 1862
7. AGE YEARS 74 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
13. NAME Fatriek Cannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Mrs. Mary Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT Mrs. J. Quigley
(ADDRESS) 156 18th St. Jackson
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 9-14-37
19. UNDERTAKER Mellody Weilly
(ADDRESS) St. Louis, Mo.
20. FILED 9/13 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1937
22. I HEREBY CERTIFY, That I attended deceased from 1934 to 9-12-37, 1937
I last saw him alive on 9-11-37, 19..... Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
93c
Other contributory causes of importance:
Arteriosclerosis
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no
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 no
(Signed) A. W. Smith M. D.
(Address).....

