

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

10648
Do not use this space.

REC'D APR 13 1939

1. PLACE OF DEATH

(a) County Kalla Registration District No. 247
 (b) Township Wilson Primary Registration District No. 5343 Registered No. 9
 (c) City Phillipsburg (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

350 Edwin Lloyd Gannon
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Gannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1897

7. AGE YEARS 48 MONTHS 7 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Oregon Co. Mo. U.S.A.

13. NAME Daniel Gannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Barbara Richerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Julia Gannon Phillipsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem. DATE 3-28-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. B. Jones Buffalo Mo

20. FILED 4-6-39 J. H. Falter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1938, to Mar. 26th, 1939.
 Last saw him alive on Mar. 22nd, 1939. Death is said to have occurred on the date stated above, at 9:55 P.M.

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

Pulmonary tuberculosis

Date of onset 1919
1919

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation none Date of _____

What test confirmed diagnosis? X-ray + Hospital examinations 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? no

If so, specify _____

(Signed) P. Gannon, M. D.

234 (Address) Phillipsburg Mo

WHITE PRINT, WITH GRAYING INK---THIS IS A PERMANENT RECORD
 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-533

Date Filed 4-12-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.