

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *Garrote (St. Joseph's Hospital)*)

File No.....

Registered No.....

St. Ward)

791

12237

1003

3498

2. FULL NAME

(a) Residence No.
(Usual place of abode)

Length of residence in city or town where death occurred

yr.

mo.

da.

How long in U. S., if of foreign birth?

yr.

mo.

da.

Joseph S. Gannon
Municipal Laundry Ward *25*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown 1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 64 *unknown*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Day Laborer*
(b) General nature of industry, business, or establishment in which employed (or employer) *239*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland 12*

10. NAME OF FATHER *Michael Gannon*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

12. MAIDEN NAME OF MOTHER *Catherine Dwyer*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

14. INFORMANT (Address) *Michael Gannon*
6340 Alamo Ave

15. FILED *7* 19 *1931*
W. E. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 19, 1931*

17. I HEREBY CERTIFY, that I attended deceased from *March 19, 1931* to *March 19, 1931*

that I last saw him alive on *March 19, 1931* and that death occurred, on the date stated above, at *12:00 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

94B
Coronary Sclerosis
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *94B*
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? *Yes*

21. WHAT TEST CONFIRMED DIAGNOSIS? *7*

(Signed) *John H. ...* M.D.

3/11, 1931 (Address) *2039 Wash St.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary Cemetery* DATE OF BURIAL *3/23 1931*

22. UNDERTAKER *Arthur J. Durnally* ADDRESS *2039 Wash St.*