

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING 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.

PLACE OF DEATH

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

County.....

Township.....

Registration District No. 7911File No. 29199

or

Village.....

Primary Registration District No. 1003Registered No. 7490

or

City of St. Louis, Mo. (NO. City Sanitarium St. 3 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Thomas Concanon

PERSONAL AND STATISTICAL PARTICULARS

 SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single

 DATE OF BIRTH Sept 18th, 1910
 (Month) (Day) (Year)

 AGE 32 1/2 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

 OCCUPATION (a) Trade, profession, or particular kind of work Fireman
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown

 BIRTHPLACE (City or town, State or foreign country) St. Louis Mo.

 PARENTS
 NAME OF FATHER Unknown
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland
 MAIDEN NAME OF MOTHER Unknown
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. J. [Signature](ADDRESS) SanitariumFiled SEP 25 1910 Wheeler Bond

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH Sept 24, 1910
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from Aug 20, 1909, to Sept 24, 1910, that I last saw him alive on Sept 24, 1910, and that death occurred, on the date stated above, at 1:05 p.m.

The CAUSE OF DEATH* was as follows:

83
Dementia Paralytica
 (Duration) 1 yrs. 1 mos. 5 ds.

 Contributory (SECONDARY)
 (Duration) 1 yrs. 1 mos. 5 ds.
 Signed Geo. J. [Signature] M. D.
Sept 24, 1910 (Address) Sanitarium

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

 At place of death 1 yrs. 1 mos. 5 ds. In the State 1 yrs. 1 mos. 5 ds.

Where was disease contracted if not at place of death?

Former or usual residence 1317 N. 6th St

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Calvary26/19, 1910

UNDERTAKER

ADDRESS

Hickey & Stephens 1325 Market

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



STATE OF MISSOURI, } ss.
CITY OF ST. LOUIS,

On this 29th day of Sept. 1900, before the undersigned Notary

Public in and for the city and state aforesaid personally appeared Margaret

Concannon who states on oath that she is a resident of

the City of St. Louis, State of Missouri, and the Mother

of Joseph Concannon age 33 years, who died on

September 25th 1900, at The City Sanitarium

Through an error the Name was recorded

as Thomas Concannon and this affidavit is

made so that the death register may be corrected.

Margaret ^{for} Concannon
mark

Sworn to and subscribed before me this 29th day

of September 1900

My term ends July 5th 1900

J. M. Edmunds Notary Public.



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