

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

26894 use this space.

1. PLACE OF DEATH

County..... Registration District No. **1791**
 Township..... Primary Registration District No. **none**
 City **St. Louis** (No. **City**, **Hospital # 1**) St. Ward

File No.
 Registered No. **8096**

2. FULL NAME

Rose G. Cannon
 (a) Residence, No. **7215 Gayola Ave.** St. **23** Ward. **St. Louis 20 Mo.**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1908		
7. AGE YEARS 22	MONTHS 9	DAYS 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clk.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bellefonte, Mo.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
13. NAME Henry J. Cannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
15. MAIDEN NAME Gertrude Madia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
17. INFORMANT (ADDRESS) Mrs. J. M. Smith 7215 Gayola Pl.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE July 23rd 1934
19. UNDERTAKER (ADDRESS) Wagoner and Co 36 1/2 Olive St.
20. FILED ALL 22 1934 May C. Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 21 1934**
 22. I HEREBY CERTIFY That I attended deceased from **Mo. Hospital for Deaf-Blind** 19... to 19...
 I last saw h. alive on 19... Death is said to have occurred on the date stated above, at **11:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Shock & Injuries
Fractured Skull
received when he jumped from window on 15th floor of St. Louis Hotel 10/9
 Other contributory causes of importance:
Suicide

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 **Suicide** Date of injury **7/21 1934**
 Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
St. Louis Hotel
 Manner of injury **Fall**
 Nature of injury **Fractured Skull**
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **J. H. Cooper** M.-D.
 (Address) **7215 Gayola Pl. St. Louis**

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.

