

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

Do not use this space.

13828

APR 29 1932

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 790 File No. \_\_\_\_\_  
 2 Township Central Primary Registration District No. 6033 Registered No. \_\_\_\_\_  
 7 City Clyde (No. St. Louis Society Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fred Cannon  
 (a) Residence, No. 7940 James St. Richmond Hgts  
 (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 col.  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amie Cannon  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1889  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 10 2 16  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, 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) Kansas Missouri  
Jackson County  
 13. NAME Robert Cannon  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn  
 15. MAIDEN NAME Darah Logan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas Missouri  
 17. INFORMANT (ADDRESS) Jenena Black  
17940 James St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Father Bickson DATE April 10 1932  
 19. UNDERTAKER (ADDRESS) Adams undertaking co.  
1111 N. Vandeventer ave  
 20. FILED April 10 1932 K. W. Sullivan  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1932  
 2. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 440 m.  
 The principal cause of death and related causes of importance were as follows:  
Stab wound of left side of chest penetrating the heart. (Punctured wound) Occurred in the hands of Mrs. Galds Date of onset 4/3/32  
 Other contributory causes of importance: 17940 James St.  
Punctured wound of heart 4/3/32  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Homicide Date of injury 4/3 1932  
 Where did injury occur? Richmond Heights, Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home  
 Manner of injury Homicide  
 Nature of injury Stab wound of heart  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify John Stanciel M. D.  
 (Signed) James Bryan County (Address)

WHITE PLAIN, 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.

