JAN 17 1938

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

Do not use this space.

44409

File No. 5312

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Frank Reuben McGannon

(a) Residence, No. 3206 Highland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 21, 1883

7. AGE: 54 YEARS — MONTHS: No — DAYS: 10 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

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): Lansing Kansas

FATHER

13. NAME: Thomas McGannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ind.

MOTHER

15. MAIDEN NAME: Julia Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): James H. McGannon 109 W. 77 Tr. K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Olathe, Kans. DATE Jan. 3 1938

19. UNDERTAKER (ADDRESS): D.W. Newcomer Son

20. FILED 12/31 1937 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937, to Dec 31, 1937

I last saw him alive on Dec 31, 1937. Death is said to have occurred on the date stated above, at 6:10 P.m.

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

Date of onset

Bronchopneumonia
Chronic fibrous
myocarditis

Other contributory causes of importance:

93C

Name of operation: Hist. Phys. Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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?

If so, specify

(Signed) W. C. Hanley, M. D.

(Address) K. C. General Hospital

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.