

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

PLACE OF DEATH

County of FremontCity of St. Anthony

CERTIFICATE OF DEATH

Registration District No. 99Primary Registration District No. 2127State File No. 87827Local Registrar's No. 118(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME John Francis Kane(a) Residence. No. St. Anthony Idaho St.
(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. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Ruby Redding Kane
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 24-18827. AGE Years 51 Months 4 Days 4 If LESS than 1 day, hrs. or min.

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) Chicago Ill.
(State or country)13. NAME Thomas Kane14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Margaret Power16. BIRTHPLACE (city or town) Ill.
(State or country)17. INFORMANT Mrs. Ruby R. Kane
(Address) St. Anthony Idaho18. BURIAL, CREMATION, OR REMOVAL Place Riverview Date Jan. 31, 193419. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho20. FILED Feb 10, 1934 Sarah Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from, 193....., to, 193.....

I last saw h..... alive on, 193.....: death is said to have occurred on the date stated above, at..... m.

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

Broken Neck
(Auto Accident) Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.....

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) P. M. Kelly, M. D.(Address) St. Anthony, Ida