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

Do not use this space.

36901

4550

1. PLACE OF DEATH

County: Jackson — Registration District No. — File No.

Township: Kaw — Primary Registration District No. — Registered No.

City: Kansas City (No. E. St. Luke's Hospital St. Ward)

2. FULL NAME Mrs Effie Elmira McCann

(a) Residence. No. 5419 Euclid St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yr. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daniel Duty McCann deceased 2-23-27

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 30 - 62.

7. AGE: Years 66 — Months 11 — Days 9 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): mother
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomington Ill.

PARENTS

10. NAME OF FATHER: Wm Frank Hemstreet
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York state
12. MAIDEN NAME OF MOTHER: Mary Wilhoite
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ——

14. INFORMANT (Address): Howard H. McCann 5469 Euclid

15. FILED 11/11, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH Saturday

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov - 10 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1928, to Nov 10, 1928 that I last saw her alive on Nov 10th 1928, and that death occurred, on the date stated above, at 6 00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Lung c̄ diffuse metastatic dissemination

49 (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Cachexia

Sum (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes Partial
WHAT TEST CONFIRMED DIAGNOSIS? Gross Inspection

(Signed) B. H. Britton, M. D
11/11, 1928 (Address) St Luke's Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Butler Mo. — DATE OF BURIAL: Nov 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

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.

63 — 11 — 10

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No. 399 File No.....

Township..... Primary Registration District No. 1002 Registered No. 4550

City K. City (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs Effie E. McCann

(a) Residence. No. ..... St., ... Ward. .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	10	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 11-11-1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
	Nov 12, 1928
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

N. B.—Every item of information should be carefully ... AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ...

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED LAW