

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

Do not use this space.

36470

1. PLACE OF DEATH

County MONROE
Township JACKSON
City..... (No..... St..... Ward.....)

Registration District No. 582
Primary Registration District No. 5777

File No. 72
Registered No.

2. FULL NAME

EMMA BELL McCANN

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 21, 1875

7. AGE YEARS 54 MONTHS 10 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 135
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) Mo.

FATHER 13. NAME ENOCH WILSON ROGERS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME MARY ELIZA LOVE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT MISS LIZZIE ROGERS (ADDRESS) TAMIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE OCT. 14 1932

19. UNDERTAKER SPEED & BLAKEY (ADDRESS) TAMIS, Mo.

20. FILED 11/13 1932 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1932 to Nov 12 1932

I last saw her alive on Nov. 9 1932 Death is said to have occurred on the date stated above, at 4 P. m.

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

Mitral valvular murmur
Compensation gradual
Principal cause undetermined
left apex possibly carcinomatous

Date of onset 2-3-32

Other contributory causes of importance: 53E

Name of operation none Date of.....

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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. ①

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. F. Plym, M. D. (Address) TAMIS, Mo.

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.

RECORD

1947
1948
1949

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1957

**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 Monroe
Township Jackson
City (No. _____) _____

Registration District No. 582
Primary Registration District No. 5779

File No. _____
Registered No. 92
St. _____ Ward _____

2. FULL NAME

Emma Bell McCann

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS 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) (STATE OR COUNTRY) _____

MOTHER FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 11/13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

Mitral Valvular
non-mut Compensation
radial Principle
cause undetermined
left lobe possibly
Other contributory causes of importance: Carcinoma
Diagnosis of carcinoma in this instance,
not positive. No other part affected.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there a autopsy? _____

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

N. B. Every item of information should be carefully supplied. AGE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS DESCRIBED BY LAW.

Every item of information should be carefully supplied. AGE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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