

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

Do not use this space.

8454

APR 5. 6 1935

**1. PLACE OF DEATH**

24 County Clay Registration District No. 197  
 Township Gallatin Primary Registration District No. 5276  
 City North Kansas City, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emma McCollum  
 (s) 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Philip McCollum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21, 1861</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>7</u>
	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	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) <u>Bethany, Mo.</u>		
MOTHER	13. NAME <u>Francis Spence</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Lucindia Lockwood</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Philip McCollum</u> (ADDRESS) <u>1315 W. Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethany, Mo.</u> DATE <u>Mar 2, 1935</u>		
19. UNDERTAKER <u>Walter Funeral Home</u> (ADDRESS) <u>North Kansas City, Mo.</u>		
20. FILED <u>Mar. 8, 1935</u> <u>Viola C. Mayer</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1935 to March 1, 1935  
 I last saw her alive on February 22, 1935. Death is said to have occurred on the date stated above, at 1:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

<u>Carcinoma of Breast</u>	Date of onset <u>1932</u>
<u>Metastatic Carcinoma of lungs and liver (Secondary to Breast)</u>	<u>2/1/35</u>
<u>Acute Congestive Heart Failure</u>	<u>2/18/35</u>
<u>Generalized Edema</u>	<u>2/10/35</u>

Other contributory causes of importance:  
Generalized Edema

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Thos. A. Stiles, M. D.  
 (Address) North Kansas City, 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.

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