

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

22420

1. PLACE OF DEATH

49 County Warren
Township Warren
City Webb City

Registration District No. 413
Primary Registration District No. 55.59.a.c.
(No. WEBB CITY.)

File No. 34
Registered No. Warren Co
St. Warren Co Ward

2. FULL NAME

James R. McCann

(a) Residence, No. 804 Lysons St. Ward. Warren
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 14 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 10 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
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) Warren Mo

FATHER 13. NAME James P. McCann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Theresa P. Morse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE HANNIBAL, MO. DATE JUNE 23, 1939

19. UNDERTAKER (ADDRESS) WEBB CITY UND. CO. WEBB CITY, MO.

20. FILED JUNE 23, 1939 R. L. Hutchett M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY That I attended deceased from April 11, 1939 to June 23, 1939

I last saw him alive on June 22, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Pulmonary Tuberculosis
Other contributory causes of importance: 73

Name of operation None Date of None
What test confirmed diagnosis? Biopsy 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 None
(Signed) James E. Doughton, M. D.
Webb City (Address)

RECEIVED

District Health Officer No. 6,

District number 739-1331

Date Filed JUL 5 1939