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.

JN 078 r

Grd to call 8/18 6 m

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

Do not use this space.

File No. 23746

Registered No. 2072

1. PLACE OF DEATH County Jackson Township Raw City Kansas City, Mo. (No. 5319 Highland Ave. St. Ward)

Registration District No. 333

Primary Registration District No.

2. FULL NAME John Cavanaugh

(a) Residence. No. 5319 Highland 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 Home for the aged yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower of Kate Conna

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

7. AGE: Years 80 | Months — | Days — | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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): Philadelphia, Pa.

PARENTS

10. NAME OF FATHER: Lawrence Cavanaugh

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

12. MAIDEN NAME OF MOTHER: Mary Bradley

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

14. INFORMANT: Sr. Marie Auguste, asp. Little Sisters (Address) 5319 Highland, of the Poor

15. FILED 7-5 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-2 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 2, 1928, that I last saw him alive on July 1, 1928, and that death occurred, on the date stated above, at 8 2a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis, Chronic
Chronic nephritis, Chronic
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): senility
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Murray test

(Signed) M. B. Caselitt, M. D.
7/3, 1928 (Address) 1207 Walnut Bldg.

*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: Mt St Mary's | DATE OF BURIAL 7/6 1928

20. UNDERTAKER: Funk & Bond | ADDRESS 30 Hunter