

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

Do not use this space.

9925

1. PLACE OF DEATH
 County Jackson Registration District No. 403
 Township Brookings Primary Registration District No. 5257
 City Kansas City Mo. (No. 58th & Crystal) St. _____ Ward _____

2. FULL NAME Charles Howard Gaugh, Jr.
 (a) Residence, No. 58th & Crystal 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	1	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 157 86

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) Missouri

13. NAME Chas. H. Gaugh

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

15. MAIDEN NAME Irene Walker

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

17. INFORMANT (ADDRESS) C. H. Gaugh, 58th & Crystal, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Deloral Hills Cem DATE Mar. 22, 1933

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc. 3811 Broadway, K.C. Mo.

20. FILED 3-25- 1933 W. W. Hobbs, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 1933

22. HEREBY CERTIFY That I attended deceased from 1 Feb 1932, to March 20 1933
 I last saw him alive on March 20 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Spasm
Hydrocephalus
Congenital
 Other contributory causes of importance:
15 M O

Name of operation _____ Date of _____
 What test confirmed diagnosis? Ray 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) H. Phares M. D.
 (Address) 314 Lambert St. Mo

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.

APR 22 1933

12. 11. 1941

Shirley Day

12. 11. 1941

Dear Shirley,
I received your letter of the 11th and was glad to hear from you.
I am well at present and hope these few lines will find you the same.
I have not much news to write at present.
I am sure you will be glad to hear from me again.
I will write again soon.
With love,
Your affectionate friend,
John Day