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

Do not use this space.

19852

File No. 2567

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Municipal Airport St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Russell Howard Cavanah
(a) Residence, No. 416 S. Kensington 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.
4. COLOR OR RACE: Wh.
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) July 9, 1911

7. AGE: Years 21 | Months 11 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attendant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Filling Station
10. Date deceased last worked at this occupation (month and year) 6/18/33
11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo.

FATHER
13. NAME Fredrick C. Cavanah
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mattie Bixby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT F. C. Cavanah
(ADDRESS) 416 Kensington K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 6/21 1933

19. UNDERTAKER Morton & Co.
(ADDRESS) Mo. K.C. Mo.

20. FILED June 20, 1933 M. M. Cravens
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1933

22. I HEREBY CERTIFY That I attended deceased from ....., 19...., to ....., 19....
I last saw ..... 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:

	Date of onset
Airplane Transportation	
Fracture of Skull & Lower Jaw Fracture of Both Clavicles & Multiple Fracture of Ribs	
Fracture of Left Leg	

Other contributory causes of importance:
Crash of Airplane

Name of operation None Date of
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-18-1933
Where did injury occur? Municipal Airport K.C. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Public place — Municipal Airport
Manner of injury Airplane Crash
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. H. Ollers, M. D.
(Address) Kansas City Mo.