

REC'D JUN 19 1939

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

18942
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township St. Jackson Primary Registration District No. 5563A Registered No. 88
 or Carthage
 (c) City Carthage (d) Street No. Jasper County Alms House St. No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANDREW GAFFNEY

(a) Residence, No. 1126 Illinois St. Joplin, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Gaffney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Plumber
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, N. Y.

13. NAME Andrew Gaffney

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

15. MAIDEN NAME Putnam

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

17. INFORMANT (ADDRESS) Jasper County Farm

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE May 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Bellon
Joplin, Mo.

20. FILED May 17 1939 E. J. McEntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1939

22. I HEREBY CERTIFY that I attended deceased from 3/1/39 19. 5/4/39 19.

I last saw him alive on May 12 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Atherosclerotic
Songren
97

Date of case

3/15/39

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) W. J. McEntire M. D.

(Address) 304 Grant
Carthage, Mo.

K. 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.

WHITE-EMBALMER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X 18605

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1223

Filed 6-8-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

David Dillon

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.