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

Do not use this space.

6569

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 134
Township: Raw — Primary Registration District No.: 399 — Registered No.: 134
City: Kansas City (No.: Research Hospt. St.: ..... Ward: .....)

2. FULL NAME: Ivan Cauthon
(a) Residence. No.: 1047 Kansas, K.C. Kans. St.: ..... Ward: ..... (Usual place of abode) Archie, Mo. (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 6 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Doris Cauthon
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 29, 1903
7. AGE: Years 25 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Weigher
(b) General nature of industry, business, or establishment in which employed (or employer): Procter-Gamble
(c) Name of employer: Soap Co.
9. BIRTHPLACE (CITY OR TOWN): Victory Co
(STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Ben W Cauthon
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Minnie Breshears
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.
14. INFORMANT: Ben W. Cauthon
(Address): Archie Mo.
15. FILED: 2/13, 19 29 M. M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 12 19 29.
17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 12, 1929 that I last saw h. alive on Feb 12 1929, and that death occurred, on the date stated above, at 8:55 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxic hepatitis
acute nephritis
12.50
(duration) ..... yrs. 2 mos. ..... ds.
CONTRIBUTORY (SECONDARY) 124.0
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Procter and Gamble Soap Factory
DID AN OPERATION PRECEDE DEATH? No DATE OF: —
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Laboratory
(Signed) Raymond Dawson, M. D
2/15, 19 29 (Address) 1334 Rialto

*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: Archie, Mo.
DATE OF BURIAL: Feb 14 19 29.
20. UNDERTAKER: D. H. Newcomer's
ADDRESS: Lowe K.C. Mo.

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.

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

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1334 Realto Bldg.
Mar. 2892.