

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

Do not use this space

19232-a

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**1. PLACE OF DEATH**

County Harrison  
Township Butler  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 1012  
Primary Registration District No. 5480

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Jane Kavanagh

(a) Residence, No. \_\_\_\_\_ 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**

F

**4. COLOR OR RACE**

W

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

W

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF J. W. Kavanagh Dec.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 12-10-1861

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
68	6	2	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work  
(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) Harrison Co., Mo.

**10. NAME OF FATHER** William Kesinger

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**  
(STATE OR COUNTRY) Madison Co., Virginia

**12. MAIDEN NAME OF MOTHER** Nancy Duncan

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**  
(STATE OR COUNTRY) Shelby Co., Ky

**14. INFORMANT** James F. Kesinger  
(Address) Buttany Mo

**15. FILED** Oct 24 1930 Mrs Woods m Reed  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 6-12-1930

**17. I HEREBY CERTIFY, That I attended deceased from** Oct 1st, 1929, to June 11, 1930  
that I last saw her alive on June 11, 1930, and that death occurred, on the date stated above, at 10 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Multiple Carcinoma of abdominal & Pelvic viscera  
1st diagnosed as carcinoma  
53 yr (duration) 25 yrs. mos. ds. ago

**CONTRIBUTORY (SECONDARY)** 120B  
71C (duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**18. DID AN OPERATION PRECEDE DEATH.** No. DATE OF \_\_\_\_\_

**18. WAS THERE AN AUTOPSY?** No

**18. WHAT TEST CONFIRMED DIAGNOSIS?** Physical Examination  
(Signed) Anna H. McClung, M. D.

6-13 1930 (Address) Pittsburg, Mo.

\*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** Salman Cemetery  
**DATE OF BURIAL** 6-13 1930

**20. UNDERTAKER** S. M. Haas  
**ADDRESS** Buttany Mo.

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important. AGE should be properly classified. AGE should be correctly supposed. AGE should be properly classified. AGE should be properly classified.

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K-1. Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important.

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File No. 19232 a  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 County Harrison Registration District No. 10 12  
 Township Butler Primary Registration District No. 5480  
 City \_\_\_\_\_ (No. \_\_\_\_\_)  
 2. FULL NAME Mary Jane Kavanaugh  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Kavanaugh Dec.  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-10-1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 6 2  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housework  
 (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) Harrison Co., Mo.  
 10. NAME OF FATHER William Kesinger  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Virginia  
 12. MAIDEN NAME OF MOTHER Nancy Duncan  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Melby Co. Ky.

14. INFORMANT James G. Kesinger  
 (Address) Bethany Mo.  
 15. FILED Oct 24 1930 Mrs Woodson Reed  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12 1930  
 17. I HEREBY CERTIFY, That I attended deceased from August 1st, 1929, to June 12, 1930, that I last saw her alive on June 9, 1930, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
multiple carcinoma  
**SUPPLEMENT**  
 (duration) 20 yrs. - mos. ds.

CONTRIBUTORY (SECONDARY) anemia, gastric & intestinal complications  
 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: separated tent camp  
 DID AN OPERATION PRECEDE DEATH: no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY: no  
 WHAT TEST CONFIRMED DIAGNOSIS: smear Epp & Gram stain  
 (Signed) Wm H. Woodson, M. D.  
 , 19 (Address) Patterson Mo.

\*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 Salmon Cemetery DATE OF BURIAL 6-13 1930  
 20. UNDERTAKER S. W. Haas ADDRESS Bethany Mo.

