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.

NOV 21 1935

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

Do not use this space.

32641
3814

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City K. C. Mo. (No. 3906, S. Benton St. ..... Ward)

2. FULL NAME James Smith Cavanagh
(a) Residence, No. 3906 S. Benton St., ... Ward. ..... (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Hattie M. Cavanagh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1870
7. AGE: YEARS 65 — MONTHS 6 — 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. Retired Yard
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Master. C.G.W.
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) Marshalltown Iowa

FATHER
13. NAME Joseph Cavanagh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Ireland

MOTHER
15. MAIDEN NAME Charlotte Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

17. INFORMANT (ADDRESS) Mrs Hattie S Sapp 8309 Drexel Ave Chicago Ill.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Ks DATE Oct. 7, 1935
19. UNDERTAKER (ADDRESS) W. L. Fuyt Sons Olathe Kansas
20. FILED 10-5, 1935 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1935
22. I HEREBY CERTIFY That I attended deceased from Dec 4, 1933, to Oct 4, 1935
I last saw him alive on Dec 4, 1935. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Bilateral Stones in Kidneys "Both"

Date of onset

Other contributory causes of importance: Uraemia

Name of operation Supra Pubic Cystotomy Date of .....
What test confirmed diagnosis? 12-15-33 Was there an autopsy? Yes

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? None
If so, specify .....
(Signed) Julius Frischer, M. D.
(Address) 518 Argyle Bldg