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.

MAY 19 1936

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

Do not use this space.

File No. 15192

Registered No. 1004

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City — (No. General Hospital St. Ward)

2. FULL NAME Wm T. Cavanaugh

(a) Residence, No. 522 Bellefontine 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	31	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motot-Cycle-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Patrolman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Richard Cavanaugh

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

MOTHER

15. MAIDEN NAME Mary Murphy

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

17. INFORMANT Sister? Mary Cavanaugh
(ADDRESS) 522 Bellefontine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 4/11/36 19

19. UNDERTAKER Mellody-McGilley
(ADDRESS) Kansas City, Mo.

20. FILED 4-10 1936 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8/36

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....

I last saw him 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:

Gunshot wound of the Chest

Date of onset

Other contributory causes of importance:

173

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? Accident Date of injury 4/8/36

Where did injury occur? 919 E 15th St Kansas City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Foreign

Manner of injury Trauma by firearms

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....