

DEC 18 1936

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

Do not use this space. *1/*

36890

1. PLACE OF DEATH

County Caldwell Registration District No. 96
Township Hamilton Primary Registration District No. 4058
City Hamilton (No.) St. Ward (....)

File No.
Registered No. 36

2. FULL NAME

Frances Pauline ~~Kavanaugh~~ *Kavanaugh*

(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. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Oct. 31, 19366. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1936

I last saw him alive on Oct. 29, 1936. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
X X 11

Pneumonia following obstruction for stricture of esophagus of cardiac orifice
Date of onset

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

Other contributory causes of importance:

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

13. NAME E. C. Kavanaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braymer Missouri

Name of operation: Internal esophagotomy Date of Oct 29 36
What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Audentia Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheridan Co Missouri

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.

17. INFORMANT (ADDRESS) E. C. Kavanaugh Hamilton, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Cow Hill DATE Nov. 1, 1936

Manner of injury
Nature of injury

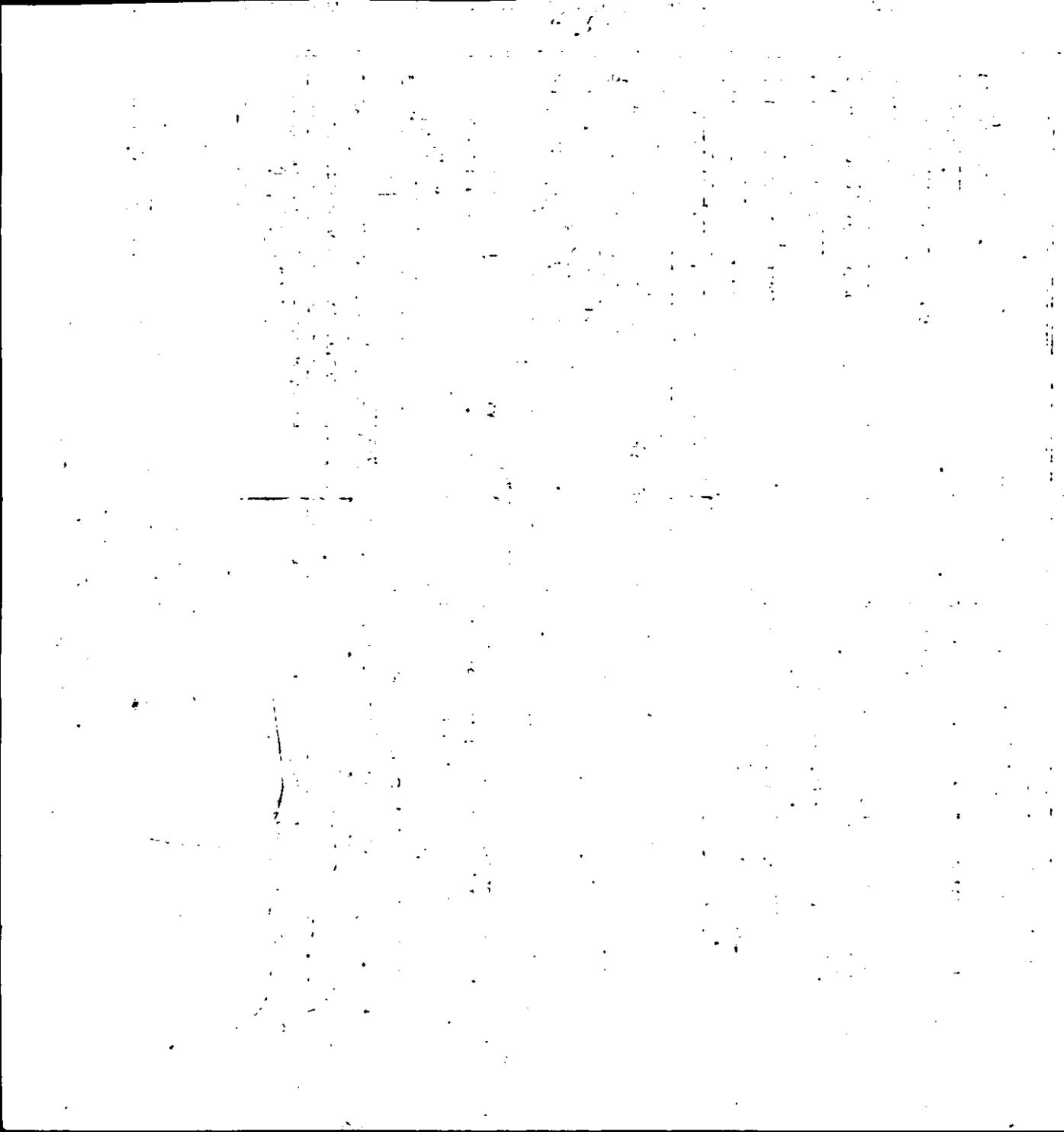
19. UNDERTAKER (ADDRESS) B. F. Meads Braymer, Missouri

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

20. FILED Nov 10, 1936 Merle Brown Registrar.

If so, specify
(Signed) J. L. Bousum X D.
(Address) Hamilton Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Caldwell
Township
City Hamilton (No. , St. Ward)

Registration District No. 96
Primary Registration District No. 4058

File No. _____
Registered No. 36

2. FULL NAME Frances Pauline Kavanaugh

(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) inf

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 11

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED Jan 22 1937 Merle Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ 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:

Pneumonia following operation for stricture of oesophagus at cardiac orifice
Date of onset

Other contributory causes of importance:

Broncho pneumonia

Name of operation _____ Date of operation _____

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) J. G. Brown, M. D.

(Address) Hamilton mo

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