

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

Do not use this space.

1. PLACE OF DEATH
 240 County Clay Registration District No. 198 File No. 7 2431
 Township Fishing River Primary Registration District No. 3011 Registered No. _____
 City Excelsior Springs, Mo. No. 1 Veterans Administration St. _____ Ward _____

2. FULL NAME GAFFNEY, William M. 150
 (a) Residence, No. Veterans Adm. Excelsior Springs, Mo. Ward. Kansas City, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 1 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Cora M. Gaffney
 WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 5 5

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ohio
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hospital Records
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Springfield, Ohio DATE 1-13-38

19. UNDERTAKER John C. Prather
 (ADDRESS) Excelsior Springs, Mo.

20. FILED Jan 18, 1938 Lorena M. Caskey
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1938 to January 11, 1938
 I last saw him alive on January 11, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Bowel obstruction Date of onset _____

RECEIVED
 FEB 23 1938
 Other contributory causes of importance: _____

BUREAU OF VITAL STATISTICS
 MISSOURI STATE BOARD OF HEALTH
Laparotomy for obstruction
 Name of operation of bowel Date of 1-10-38
 What test confirmed diagnosis? Exam & Obs. Was there an autopsy? No

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? Unk.
 If so, specify _____
 (Signed) E. K. MOORE, M.D., Clin. Dir., M. D.
 (Address) Veterans Administration
Excelsior Springs, Mo.

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.

122B.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2431
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198
(b) Township..... Primary Registration District No. 3011 Registered No.....
(c) City Excelsior Spgs (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Gaffney William M. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

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.
38 5 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1938

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

I last saw h..... 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:

Boval obstruction caused from adhesions, post-operative obstructing ileum

Date of onset

Other contributory causes of importance:

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?..... 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) E. K. Moore, Chm. Dir., M. D.
(Address) Vets adm. Excelsior Spgs

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

