

REC'D JUN 8 1939

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

17803
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) or City K. C. Mo. (d) Street No. 3235 Tracy 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.

Registered No. 2205

2. PRINT FULL NAME

125 Mrs. Laura Beall Gavigan
(a) Residence, No. Lake Tapawingo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Alexandria Ky.

FATHER 13. NAME Benjamin D. Beal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria, Ky.

MOTHER 15. MAIDEN NAME Dorinda Griffey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria, Ky.

17. INFORMANT (ADDRESS) Mrs. Mary Jane Witt, Lake Tapawingo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. DATE May 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner K. C. Mo.

20. FILED May 28 1939 M. M. Grome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 134 May 27, 1939.
I last saw her alive on about May 10, 1939 Death is said to have occurred on the date stated above, at 1:30 pm
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
Hypertensive heart disease
Date of onset 4 mo.
see your

Other contributory causes of importance: 95 lb

Name of operation None Date of uo
What test confirmed diagnosis? Was there an autopsy? uo

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? no
If so, specify no
(Signed) H. H. Schaefer M. D.
(Address) 1406 Bryant Bldg.

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.

FORM I X1665

Dr. Frederick H. Scharles

Bryant Bg

VI 1311

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.