

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

Do not use this space.

1590

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Kansas City Genl Hospital)

File No. 181
Registered No. 181
St. Ward

2. FULL NAME

Capehart Joe
(a) Residence. No. 1002 E 19th St. 4 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 6 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 (OR) WIFE OF Mrs Beatrice Capehart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 - 1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 0 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School board
(b) General nature of industry, business, or establishment in which employed (or employer) helper
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Capehart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ka.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ida Welsh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wisconsin
(STATE OR COUNTRY)

14. INFORMANT Recess Clerk
(Address) Kansas City Genl Hosp

15. FILED 1-14-29 W. D. Currier REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13-1929

17. I HEREBY CERTIFY, That I attended deceased from 1-7- 1929, to 1-13- 1929, that I last saw alive on 1-13- 1929, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis
Terminal Bronchopneumonia

CONTRIBUTORY (SECONDARY) multiple Encephalo-malacia
Syphilis

18. WHERE WAS DISEASE CONTRACTED 28
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. E. Williams M. D.

1-14 1929 (Address) Sept 14 C Gen. Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Jan 15 1929

20. UNDERTAKER Mrs. G. L. Forster ADDRESS 918 Brooklyn

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.

THIS IS A PERMANENT RECORD

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