

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

Do not use this space.

1896

**1. PLACE OF DEATH**

County.....Jackson  
Township.....Kaw  
City.....Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 4623 Fairmount)

File No. ....  
Registered No. 489  
St. .... Ward)

**2. FULL NAME** Walter Capehart

(a) Residence. No. 4623 Fairmount, St. 7 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

Viola Capehart.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 6. 1866.

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
|        | 62    | 10     | 24   |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Brick-mason  
(b) General nature of industry, business, or establishment in which employed (or employer) 11  
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) Philadelphia  
(STATE OR COUNTRY) Pa.

10. NAME OF FATHER Henry Capehart,

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

12. MAIDEN NAME OF MOTHER Elizabeth Patterson

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

14. INFORMANT Archie Capehart,  
(Address) 4623 Fairmount.

15. FILED 1-31-29 M. M. Crow  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 19 29

17. I HEREBY CERTIFY That I attended deceased from Dec. 10 1928 to Jan 30 1929  
that I last saw him alive on Jan. 25 1929, and that death occurred, on the date stated above, at 2:30 A. M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Myocardial Infarction  
22. Hypostasis  
1070  
1021  
CONTRIBUTORY (SECONDARY) Hypertension - 5 yrs  
Cerebral Hemorrhage  
(duration) 3 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHICH TEST CONFIRMED DIAGNOSIS?

(Signed) Ernest H. Ferguson M. D.

1/31 1929 (Address) 1810 W. 45th St

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest-Hill

DATE OF BURIAL

2/1/ 19 29

20. UNDERTAKER

H. W. Gates

ADDRESS

K.C.Ks.

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.

