

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

Do not use this space.

38232

1. PLACE OF DEATH

County St. Louis Registration District No. 984
Township St. Ferdinand Primary Registration District No. 6030
City Florissant (No. Florissant Mo. Cardinal Washington Ward)

2. FULL NAME

Thysia Elvira Capstick
(a) Residence. No. Florissant Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31, 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. ____ min.
49 0 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Martinsburg
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm. Murry

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

12. MAIDEN NAME OF MOTHER Mrs. Ballard

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

14. INFORMANT Angie Brown
(Address) Florissant, Mo.

15. FILED 11/6, 1929 O. N. Schudde
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6-1929
17. I HEREBY CERTIFY That I attended deceased from 11-29 to Nov 6, 1929 that I last saw him alive on Nov 6, 1929, and that death occurred, on the date stated above, at 12:42 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Myocarditis
950
950 (duration) 4 yrs. 11 mos. 6 ds.
CONTRIBUTORY Acute dilatation
(SECONDARY) (duration) Suddenly

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF 11-29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Microscopical
(Signed) Ray Johnson, M. D.
, 19 (Address) Florissant Mo.

*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 St Ferdinand Cem. Florissant
DATE OF BURIAL Nov. 9, 1929

20. UNDERTAKER Mullen and Co
ADDRESS 5165 Delmar Blvd.

This certificate should state exact statement of OCCUPATION is very important.

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