

SEP 26 1930

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

Do not use this space.

27409  
182

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Newton Registration District No. 609  
Township W. Benton Primary Registration District No. 5809  
City \_\_\_\_\_

2. FULL NAME

John Cape  
(a) Residence No. Goodman, Mo. St. R.R. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 10 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Neesho  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER W. S. Cape

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

12. MAIDEN NAME OF MOTHER Fred Myers

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

14. INFORMANT Wm Cape  
(Address) Neesho Mo.

15. FILED 8/25/30 L. E. Mauss  
REGISTRAR L. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1930 to July 30, 1930, and that I last saw him alive on July 30, 1930, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Lymphatic Leukemia  
72 H  
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Not known  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS laboratory  
(Signed) L. E. Mauss, M. D.

8-18, 1930 (Address) Neesho 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, (CITY OR TOWN) Caledon Cemetery DATE OF BURIAL 8-18 1930

20. UNDERTAKER Pythianis ADDRESS Neesho

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.

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1917 625  
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