

NOV 28 1932

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

Do not use this space.

34386

1. PLACE OF DEATH:

97 County Saline Registration District No. 795
 4 Township East Pass Primary Registration District No. 4476
 1 City Malta Bend (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Andrew Wayne Kapp

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Kapp6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 18457. AGE YEARS 86 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, 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) Freiburg (STATE OR COUNTRY) Prussia13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Ethel Kapp (ADDRESS) Malta Bend, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Malta/Sudley DATE Oct. 23, 193219. UNDERTAKER Vanduer Mortuary (ADDRESS) Marshall, Mo.20. FILED 11-23, 1932 Mrs. Mary Blackburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 193222. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Oct 21, 1932I last saw him alive on Oct 21, 1932. Death is said to have occurred on the date stated above, at 4:40 P. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Date of onset 1925Other contributory causes of importance: NoneName of operation _____ Date of _____
What test confirmed diagnosis? Riguid Sign Was there an autopsy? No23. 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? NoIf so, specify _____
(Signed) A. F. Brown, M. D.(Address) Malta Bend, Mo.

