

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

15 = 300

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

Do not use this space.

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Ku Primary Registration District No. 1002  
 City Kansas City (No. 4612 Genessee)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Chas Paul Capps  
 (a) Residence, No. 4612 Genessee 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.

5786

File No. \_\_\_\_\_  
Registered No. 748  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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 Bessie Capps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-22-1895

7. AGE YEARS 37 MONTHS 5 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

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) (STATE OR COUNTRY) Sallisaw Okla

13. NAME B. Capps

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

15. MAIDEN NAME Sarah Underwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Bessie Capps  
(ADDRESS) 4612 Genessee

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Floral Hill DATE 7/16/33

19. UNDERTAKER O. V. MAST FUNERAL HOME  
(ADDRESS) 3146 Main St

20. FILED 2-15 1933 M. M. Crowe  
Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
Deputy Coroner  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
suicide by hanging  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
165

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide suicide Date of injury 2/19/33  
 Where did injury occur? 4612 Genessee Kansas  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury suicide  
 Nature of injury abdominal

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) O. H. Cate M. D.  
 (Address) Deputy Coroner

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2  
2  
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