

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

Do not use this space.

6605

1. PLACE OF DEATH

County Morgan
Township Lavo Creek
City (No.) St. Ward)

Registration District No. 953
Primary Registration District No. 5793-13

File No.
Registered No. 3

2. FULL NAME

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

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. (If nonresident, give city or town and State)

Henry Cape

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12 / 1872</u>					
7. AGE YEARS <u>60</u>		MONTHS <u>5</u>		DAYS <u>1</u>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Farmer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>					
10. Date deceased last worked at this occupation (month and year) <u>1932</u>				11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co Mo</u>					
13. NAME <u>Peter Cape</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
15. MAIDEN NAME <u>Caroline Nolting</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
17. INFORMANT (ADDRESS) <u>Mrs Stuckert Street Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nolting Cem</u> DATE <u>Feb 15 1933</u>					
19. UNDERTAKER (ADDRESS) <u>Chas. Rapp Son Street Mo</u>					
20. FILED <u>Feb 14 1933</u> <u>J. H. Hoover</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19....., to 1933, 19.....

I last saw him alive on 1933, 19..... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:
Probably a heart disease as he complained of shortness of breath on walking & exertion. No medical examination.

Other contributory causes of importance:
Had influenza about two years ago.

Name of operation 953 Date of 13

What test confirmed diagnosis? 953 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 1933

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Chas. Rapp, M. D.
(Address) Street Mo

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.

