

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

Do not use this space.

9599

**1. PLACE OF DEATH**

County Jackson Registration District No. 300  
 Township J.C. Mo. Primary Registration District No. 300  
 City Mersey Hospital (No. 200) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 1201

**2. FULL NAME**

(a) Residence, No. # 5 S. Street K.C.M. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-33

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

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1933, to 3-12, 1933

I last saw him alive on 3-12-33 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1932

to have occurred on the date stated above, at 6:15 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 17

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

Mastoiditis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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

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) Kansas City  
Kansas

13. NAME Geo. M. Capps

Name of operation Mastoidectomy Date of 3-11-33

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

What test confirmed diagnosis? Lab Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Lena M. Brown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT Geo. M. Capps  
 (ADDRESS) 5 S. Street K.C.M.

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Quindaro Cem. DATE 3-15, 1933

Nature of injury \_\_\_\_\_

19. UMBERTAKER Eads Bros.  
 (ADDRESS) 1416 Main K.C.M.

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

If so, specify \_\_\_\_\_

20. FILED Mar 13, 1933 M. M. Grove  
Asst. Registrar

(Signed) C. J. Ehridge, M. D.

(Address) Mersey Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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