

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

Do not use this space.

17005

1. PLACE OF DEATH

County Lafayette
Township Middleton
City..... (No. St. Ward)

Registration District No. 465
Primary Registration District No. 5620 B

File No.
Registered No. 7

2. FULL NAME

August Henry Kappelman

(a) Residence, No. St. 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.

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 Lily David Kappelman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-27-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 10 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Gettysburg Pa Mo.

FATHER
13. NAME Louis Kappelman

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

MOTHER
15. MAIDEN NAME Martha Stoltz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holstein Waverly Mo

17. INFORMANT (ADDRESS) See Kappelman Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Cem DATE 5/26 1933

19. UNDERTAKER (ADDRESS) Waverly Mo

20. FILED 5-26 1933 Geo B. Meliuson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1933, to 5-24 1933. I last saw him alive on 5-22 1933. Death is said to have occurred on the date stated above, at 9:05 A. M.

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

Angina pectoris
94A 94B
Date of onset 1928

Other contributory causes of importance.....

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. 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?.....
If so, specify.....

(Signed) A. B. Brown, M. D.
(Address) Carrollton, 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.

