

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

Do not use this space.

1. PLACE OF DEATH

103 County Stoddard
Township Pike
City Bloomfield R. 2 (No.)

Registration District No. 834
Primary Registration District No. 6097

File No. 22060
Registered No. 29
St. Ward)

2. FULL NAME

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. R. Capps</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-12-1889</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>10</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co. Mo.</u>	
	13. NAME <u>Al Cox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
	15. MAIDEN NAME <u>Sarah Reed</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Wm. R. Capps Bloomfield, Mo. R. 2.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge</u> DATE <u>6-9-</u> 19 <u>33</u>	
	19. UNDERTAKER (ADDRESS) <u>Chiles Undertaking Co. Bloomfield, Mo.</u>	
	20. FILED <u>7-11-</u> 19 <u>33</u> <u>W. M. Kearney</u> Registrar.	

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9- 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933, 1933, to June 9 1933, 1933

I last saw her alive on June 7 1933, 1933 Death is said

to have occurred on the date stated above, at 1228th.

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

Cerebral Coma Date of onset 6/9/33
130
Other contributory causes of importance:
Acute Nephritis

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

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? no

If so, specify

(Signed) S. S. Davis, M. D.

(Address) Berlin

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.

AUG 28 1933

