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

Do not use this space.

29528

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 314
City Independence (No. ..... St. ..... Ward)

2. FULL NAME William C. Kapnick
(a) Residence, No. 1351 S Pearl St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? 76 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mellie Kapnick, Husband, Dead
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18. 1859
7. AGE: YEARS 83 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired for [illegible]
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture business
10. Date deceased last worked at this occupation (month and year): before
11. Total time (years) spent in this occupation: Chen

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gearway

FATHER
13. NAME: Christian Kapnick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gearway

MOTHER
15. MAIDEN NAME: Charlotte Lentz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gearway

17. INFORMANT (ADDRESS): Roland Kapnick, 1351 Pearl Indep. No.
18. BURIAL, CREMATION, OR REMOVAL: Burial No. Independence
PLACE: Woodlawn DATE: 9-26 1933
19. UNDERTAKER (ADDRESS): John R. Lentell Mitch, C. H. Blackmon & Son, 2825 Indep. Ave.
20. FILED: Sept. 28 1933 Dr. F. L. Cook, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 26. 1933
22. I HEREBY CERTIFY, That I attended deceased from 10/15/32, 19..., to 9/26/33, 19...
I last saw him alive on 9/26/33, 19... Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Terminal Edema Lungs | |
| Terminal Edema of Lungs | |
| 952 | |
| 1018 | |

Other contributory causes of importance:
Organic dis. of Heart
Organic disease of Heart
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) [illegible], M. D.
(Address) .....

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.

OCT 20 1933

V. S. NO. 2