35361
Do not use this space.

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

1. PLACE OF DEATH
County Shelby Co. Registration District No. 839 File No. 37
Township Salt River Primary Registration District No. 6091 Registered No.
City Shelbina Mo. (No. ..... St. ..... Ward)

2. FULL NAME Rebecca Capps.
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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 Female
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 John Capps
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19-1857
7. AGE YEARS 76 MONTHS 1 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ill.

FATHER
13. NAME Andrew Dicey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

MOTHER
15. MAIDEN NAME Elizabeth Rolal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs. W. P. Harris

18. BURIAL, CREMATION, OR REMOVAL
PLACE 2007 Shelbina Mo. DATE Oct. 16 1933

19. UNDERTAKER (ADDRESS) G. B. Brothers Shelbina Mo.

20. FILED Nov. 10 1933 Madge Yoock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933, to Oct 14, 1933
I last saw h. E.R. alive on Oct 14, 1933. Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:
Impacted colon at the Caecum causing uremia. Date of onset 7

Other contributory causes of importance: Heart trouble 95B 122B 132B

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? no
If so, specify
(Signed) R. L. Caldwell D.O. M.D.
(Address) Shelbina, Mo.

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.

NOV 10 1933