

FEB 18 1936

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

Do not use this space.

530

## 1. PLACE OF DEATH

County CassRegistration District No. 148Township St. PleasantPrimary Registration District No. 5212

City (No. ....) St. .... Ward)

File No. ....

Registered No. 32. FULL NAME Mrs. Mary A. Cape

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

## 5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OR (OR) WIFE OF

John Cape6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 18507. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
85 4 21OCCUPATION 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. at home  
10. Date deceased last worked at this occupation (month and year) Jan 1936 11. Total time (years) spent in this occupation life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belton, Mo.FATHER 13. NAME Thomas Winkler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.MOTHER 15. MAIDEN NAME Maria Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belton, Mo.17. INFORMANT Mrs. Chas. Pauer (ADDRESS) Belton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bryant Cem. DATE 1/24 193619. UNDERTAKER E. K. George & Sons (ADDRESS) Belton, Mo.20. FILED 1-24 1936 R. M. Miller Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22 193622. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1935, to 1-22, 1936I last saw him alive on 1-22, 1935 Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Emphysema of R. L. lung spot following thrombosis of aortic arch Date of onset Jan 18-36Other contributory causes of importance: Chronic myocarditisName 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) R. M. Miller, M. D.(Address) Belton, 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.

