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.

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

APR 16 1936

Do not use this space.

9583

1. PLACE OF DEATH
County: Camden — Registration District No. 117 — File No. 13
Township: Osage — Primary Registration District No. 5167 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Tilman Howard Capps

(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: 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 Ida Jane Waters Capps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1858

7. AGE: Years 77 — Months 8 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Camden Co. Mo.

FATHER
13. NAME Sterling Capps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Julia Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Fernander Capps (ADDRESS) Camdenton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laughlin Cem. DATE Mar 17, 1936

19. UNDERTAKER Tobi Woolery (ADDRESS) Camdenton, Mo

20. FILED Apr 10, 1936 Lizzie Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1936, to Mar 16, 1936
I last saw him alive on Mar 15, 1936. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Flux - Pneumonia	3 6
Fever Bronchitis	

Other contributory causes of importance: none

Name of operation none — Date of none
What test confirmed diagnosis? Phy Sx — 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 none
(Signed) O. C. Claiborne, M. D.
(Address) Camdenton Mo