

APR 17 1936

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

Do not use this space.

9996

1. PLACE OF DEATH

County Dent
Township Watkins
City (No. _____, _____ St. _____ Ward _____)

Registration District No. 266
Primary Registration District No. 5-378

File No. _____
Registered No. 23

2. FULL NAME Maston Cape

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jane Halbrooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 2 28

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) Jefferson Co Mo

FATHER 13. NAME Joseph Cape

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---

MOTHER 15. MAIDEN NAME Elizabeth Breckinridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ***

17. INFORMANT Mrs. Will Gibbs
(ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ha' brooks Cem DATE 3/25/36 19.

19. UNDERTAKER Carl K. Spencer
(ADDRESS) Salem Mo

20. FILED 3/25 1936 W. E. Kull
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/36 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to March 24 1936
I last saw him alive on Feb 26 1936 Death is said

to have occurred on the date stated above, at 4:35 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 34

Other contributory causes of importance: Pneumonia 18 33

Name of operation None Date of _____
What test confirmed diagnosis? renal pipe as there an autopsy? No

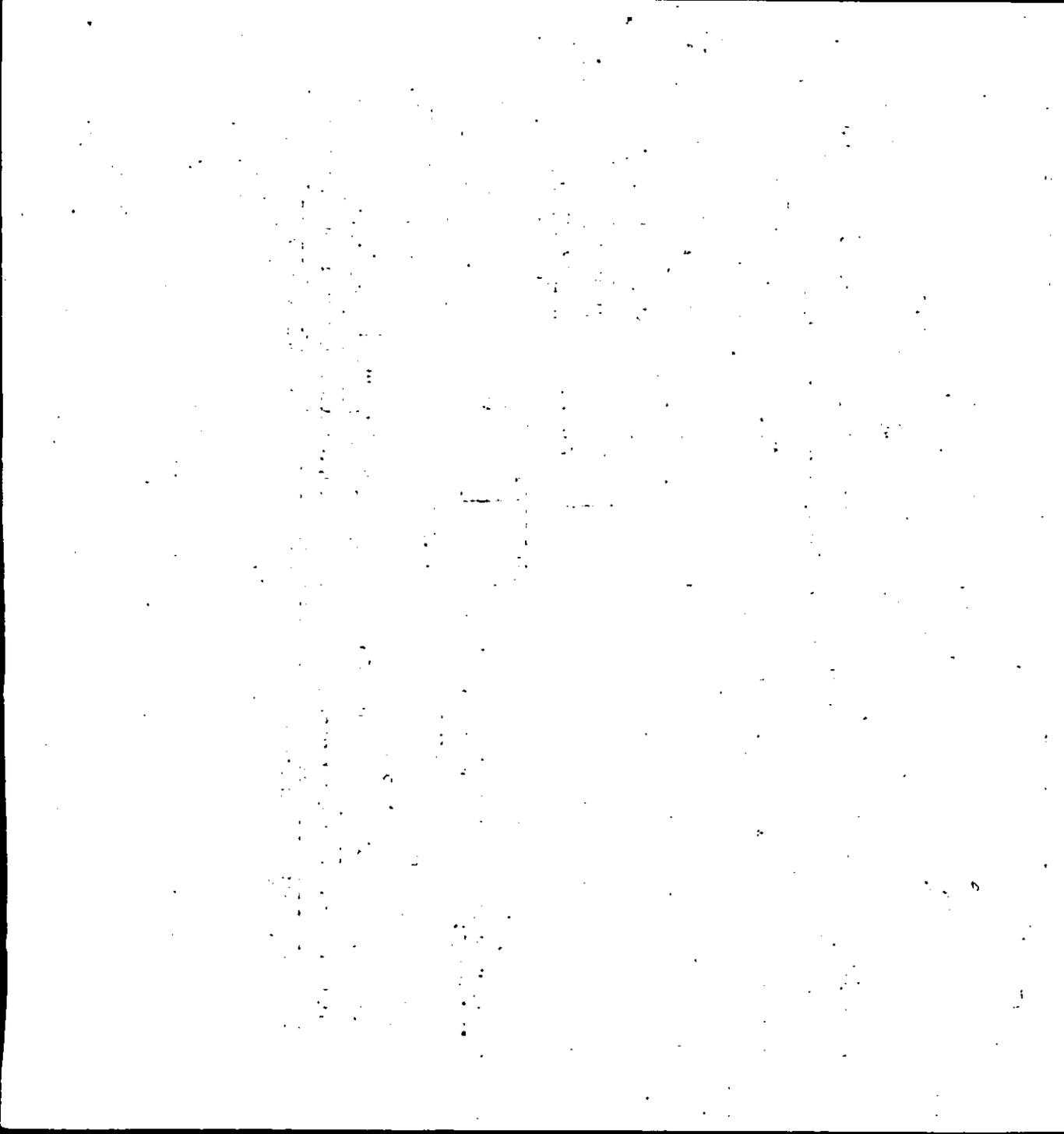
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury _____, 1936

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) W. E. Kull, M. D.
(Address) Salem, Mo.



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

Do not use this space.

1. PLACE OF DEATH

County West
Township Walters
City (No. _____) _____

Registration District No. 266
Primary Registration District No. 3378

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maston Cape

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>2</u>	<u>28</u>	

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

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/25/19 86 St. Co. Road, Turley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24 1936

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

Pneumonia
toxic

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? _____
If so, specify _____

(Signed) W. G. Dillon, M. D.
(Address) Salem Mo

SUPPLEMENTARY

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