

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

Do not use this space.

DEC 18 1936

1. PLACE OF DEATH

County Andrew Registration District No. 10
Township Monroe Primary Registration District No. 5013
City (No.) St. Ward

File No. 49301
Registered No. 11

2. FULL NAME

Infant Kapp

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23, 1936</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>
	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) Andrew Co., Mo.

13. NAME Elsworth Kapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.

15. MAIDEN NAME Mabel Harr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cosby, Mo.

17. INFORMANT Elsworth Kapp
(ADDRESS) Cosby, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cosby Evangelical Cem. DATE Nov. 23, 1936

19. UNDERTAKER Walter Meierhoffer
(ADDRESS) 1302 Farson St., St. Joseph, Mo.

20. FILED 11-26 1936 J. H. Blodgett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 - 1936 to Nov. 23 - 1936

I last saw h. 1m alive on _____, 19____. Death is said to have occurred on the date stated above, at 3.00 m. A.M.
The principal cause of death and related causes of importance were as follows:

Still born
Queen Unknown

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Lab. 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 No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) Charles W. Craig, M. D.
(Address) Kirkpatrick Bldg., St. Joseph, 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.

