

DEC 14 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Adair  
Township MORROW  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 1030Primary Registration District No. 5010File No. 40528Registered No. 62. FULL NAME Henry E. 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 Mary Ella Capps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 10 11

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) Adair Co.  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Andrew Capps

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

MOTHER 15. MAIDEN NAME Lucretia Allen

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

17. INFORMANT Basil Hughes  
(ADDRESS) Stahl, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Morelock Cem. DATE Nov. 12 1937

19. UNDERTAKER Gleson E. Reed  
(ADDRESS) Morelock City, Mo.

20. FILED Nov. 18 1937 Morelock  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 193722. I HEREBY CERTIFY, That I attended deceased from Nov 6 1937 to Nov 1937I last saw him alive on Nov 1937 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:

Chronic Nephritis  
Date of onset 3 years ago

Other contributory causes of importance:

Name of operation None 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) H. D. Garrison M. D.(Address) Nowinger, Mo.

