JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
54 County Lafayette
Township Middleton
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 465
Primary Registration District No. 5620 B

File No. 45826
Registered No. 16

2. FULL NAME Julius Rudolph Kappelman
(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(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 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 Clara E. Schowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) near New Haven Mo

FATHER
13. NAME Louis Kappelman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) On Odan

MOTHER
15. MAIDEN NAME Martha Stalte
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) George Kappelman Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waverly Cem DATE 12/29 1937

19. UNDERTAKER (ADDRESS) A H Bremer Alma Mo

20. FILED Dec 29 1937 Elizabeth Corder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 27 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1937, to Dec. 27, 1937
I last saw him alive on Dec. 27, 1937 Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Athma	1935

94 B

Other contributory causes of importance: Coronary disease

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 NO
(Signed) Coburn Ellis, M. D.
(Address) Malta Bend Mo

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.