

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

Do not use this space.

2195

**1. PLACE OF DEATH**

County.....Butler.....  
 Township.....Ash Hill.....  
 City.....Brosley..... (No. ...., St. .... Ward)

Registration District No. 90  
 Primary Registration District No. 2734A

File No. ....  
 Registered No. 1 .....

**2. FULL NAME** Benny Capps 120

(a) Residence, No. Brosley, Mo. 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**

<b>3. SEX</b> Male	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) Single		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> About 1927				
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, ..... hrs. or ..... min.</b>
About 11				
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> Child			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> Brosley, Missouri				
<b>FATHER</b>	<b>13. NAME</b> Oscar Capps			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> Unknown			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> Mrs. Goldie Stroud Capps			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> Stoddard County Missouri			
<b>17. INFORMANT (ADDRESS)</b> Mrs. Goldie Capps Butler County, Missouri				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> Mole Hill Cem. PLACE <u>Butler Co., Mo.</u> DATE <u>Jan. 5</u> 19 <u>38</u>				
<b>19. UNDERTAKER (ADDRESS)</b> Frank Und. Co. Poplar Bluff, Mo.				
<b>20. FILED</b> Jan 5 1938 / <u>Vera J. Smith</u> Registrar. <u>90</u>				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan. 4 1938

**22. I HEREBY CERTIFY,** That I attended deceased from Dec. 30 1937 to Jan. 4 1938  
 I last saw him alive on Jan. 4 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia, lobes 1 & 2 lower (lobe)  
 Date of onset 12-29-37

**108 RECEIVED**

Other contributory causes of importance: FEB 21 1938

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**MO. STATE BOARD OF HEALTH**

Name of operation.....  
 What test confirmed diagnosis? Chloral. 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.....  
 (Signed) J. Lester Harwell M. D.  
 (Address) Poplar Bluff, Mo.

