

RECD MAR 17 1938

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

Do not use this space.

7142

1. PLACE OF DEATH  
 50 County Jefferson Registration District No. 421 File No. \_\_\_\_\_  
 Township Richman Primary Registration District No. 2575 Registered No. 21  
 City Herculaneum (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Harold Paul Caplin 145  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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) Herculaneum 0  
 (STATE OR COUNTRY) Missouri 0

FATHER  
 13. NAME Chas. Caplin 1  
 14. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Lenna Reece  
 16. BIRTHPLACE (CITY OR TOWN) St. J.  
 (STATE OR COUNTRY)

17. INFORMANT Chas. Caplin  
 (ADDRESS) Herculaneum Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hennepin Mo. DATE Feb 25 - 1938

19. UNDERTAKER Richardson General Home  
 (ADDRESS) St. J. Mo

20. FILED 2/25 1938 J. E. Rutledge MD  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to Feb 23, 1938  
 I last saw h. / M. alive on Feb 22, 1938 Death is said to have occurred on the date stated above, at 3:45 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Measles

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None 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) Anneth Dean M. D.  
 (Address) Herculaneum, Mo

Senn.

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.

