

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.

APR 8 1938

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

Do not use this space.

1. PLACE OF DEATH

81 County Phelps 2 Registration District No. 677
2 Township Rolla 1 Primary Registration District No. 4403
1 City Rolla (No.) St. Ward

File No. 11773
Registered No. 50

2. FULL NAME James Allen Capps 120

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Born and died Mar 18 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hours or ... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Rolla, Mo (STATE OR COUNTRY)

FATHER 13. NAME George Capps

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

MOTHER 15. MAIDEN NAME Lucille Carroll

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

17. INFORMANT Geo Capps (ADDRESS) Rolla, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla, Mo DATE Mar 18, 38

19. UNDERTAKER Null and Son (ADDRESS) Rolla, Mo

20. FILED Mar 18, 1938 Jos. F. Cayer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18 - 1938, to March 18, 1938

I last saw him alive on March, 19. 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: Atelectasis Date of onset 3/18-38

Other contributory causes of importance: Small pituitary of mother

Name of operation: Obvial 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) Wallace H. ... M. D. (Address) St James, Mo

