REC'D SEP 21 1939

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

Do not use this space.

29964

1. PLACE OF DEATH
County PIKE — Registration District No. 685 — File No. 30
Township CALUMENT — Primary Registration District No. 5909-B — Registered No. 25-
City CLARKSVILLE (No. ..., ... St. ... Ward)

2. FULL NAME ERNEST Ray Capps
(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. 3 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-1-1939
7. AGE: YEARS — MONTHS 4 — DAYS 9 — If LESS than 1 day, ... hrs. 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) Iowa City (STATE OR COUNTRY) Iowa

FATHER
13. NAME Marshal Ernest Capps
14. BIRTHPLACE (CITY OR TOWN) Biringham (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Alice Pauline Sherman
16. BIRTHPLACE (CITY OR TOWN) Iowa City (STATE OR COUNTRY) Iowa.

17. INFORMANT Marshal Ernest Capps (ADDRESS) Clarksville - Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Limby - Iowa DATE August-11, 1939
19. UNDERTAKER J H Brown + Son (2648 3995) (ADDRESS) Clarksville, Mo.
20. FILED Aug 31, 1939 W W Treadway Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August-9-, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1939 to Aug 9, 1939
I last saw him alive on Aug 9, 1939 Death is said to have occurred on the date stated above, at 4:50 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo-Colitis	8/8/39

Other contributory causes of importance:

None

Name of operation — Date of —
What test confirmed diagnosis? — 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) E M Bartlett, M. D.
(Address) Clarksville 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.