

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

Do not use this space.

22597

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No.) St. Ward)

2. FULL NAME

Minnie Capell
(a) Residence, No. 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

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oscar Capell</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-14-1912</u>					
7. AGE		YEARS <u>19</u>	MONTHS <u>5</u>	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	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) <u>Missouri</u>					
MOTHER FATHER	13. NAME <u>John Pennington</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wahar</u>				
	15. MAIDEN NAME <u>Bertha Jackson</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wahar</u>				
17. INFORMANT (ADDRESS) <u>Oscar Capell</u> <u>Clinton</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>7-19-32</u>					
19. UNDERTAKER (ADDRESS) <u>Sim's Funeral Home</u> <u>Clinton</u>					
20. FILED - <u>7-20-1932</u> <u>Ed C. Peelor</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 1932 to 7/16, 1932
I last saw her alive on 7/16, 1932 Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:
Not diagnosed. I first saw her the day before she died and it looked like a malarial infection. Might have been typhoid. No widow taken.

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
(Signed) Ed C. Peelor, M. D.
(Address) Clinton, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 24 1932

