

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.

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

10121

1 PLACE OF DEATH
County Jackson
Township Blue
or
Village
or
City Independence (NO. 1509 N Short St. 4 Ward)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary M Capelle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Dec 24 1843
(Month) (Day) (Year)

7 AGE 72 yrs 2 mos 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION at Home
(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE Jackson Co Mo
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER Britton M Capelle
11 BIRTHPLACE OF FATHER N. Carolina
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Paral Clayton
13 BIRTHPLACE OF MOTHER Ta
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Capelle
(Address) Independence Mo

15 Filed Mar 24 1916 F. L. Cook
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 22 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar 15 1916 to Mar 22 1916
that I last saw her alive on 3-22 1916
and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:
Acute Toxicities
107A
120B
105
previous attack of Bronco -
CONTRIBUTORY pneumonia
(Secondary)
(Duration) 14 yrs. 14 mos. 14 ds.
(Signed) N O Spod M. D.
3-24 1916 (Address) Independence Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 3 yrs. 2 mos. 28 ds. In the State 3 yrs. 2 mos. 28 ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Lobb Cemetery Ind DATE OF BURIAL Mar 24 1916

20 UNDERTAKER W. R. Damerled ADDRESS Independence Mo

