

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

Do not use this space.

10501

25 1929

1. PLACE OF DEATH

County Blue Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence Mo (No. Ind. 5) (Sanctioned) St. _____ Ward _____

File No. _____
 Registered No. 98
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. John P. Capelle Ind. St. Miss. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 9 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 6 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Benton M. Capelle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Clayton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

14. INFORMANT Chas. H. Capelle
 (Address) Independence Mo

15. FILED 3-12-29 F. L. Cook REGISTRAR
Ch. J. Juncos

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 12 1929 to March 12 1929 that I last saw him alive on March 11, 1929 and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Pleural
Tuberc

11.3 (duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) no cardiac
decompensated (duration) yrs. mos. 17 da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH. DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) George T. Jumper M. D.
3/12/29 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Mo DATE OF BURIAL Mar 13 1929

20. UNDERTAKER Ch. Mitchell ADDRESS Ind Mo

