MAY 27 1931

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

Do not use this space.
15093

1. PLACE OF DEATH
County Newton
Township Berwick
Registration District No. 612
Primary Registration District No. 6257
File No.
Registered No.
City (No. St. Ward)

2. FULL NAME Elizabeth Capps
(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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H C. Capps
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20. 1854
7. AGE YEARS 77 MONTHS 1 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 325
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) Ohio 2

FATHER
13. NAME Hiram Wolfe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Mary Clark.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) H. C. Capps.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek cemetery DATE April 9 1931
19. UNDERTAKER (ADDRESS) Wm Wessell Jr. Pierce City Mo
20. FILED April 9, 1931 Grace Hudson. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1931
22. I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to April 9, 1931
I last saw her alive on March 31, 1931. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:
Leakage of Heart
92A
92A
Date of onset
Other contributory causes of importance:
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) R. S. Cheatham, M. D.
(Address) Diamond mo

...of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.