

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

Do not use this space.

38376

**1. PLACE OF DEATH**

County Montgomery Registration District No. 587  
 Township Rich Creek Primary Registration District No. 5789a  
 City Jambury (No. ....) St. .... Ward)

File No. ....  
 Registered No. 14

**2. FULL NAME** Matilda Mason Cape

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Cape

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 | 10 | 8 | |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home prof  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Warren County Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Albert Mason

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

12. MAIDEN NAME OF MOTHER Sarah Oyer

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

14. INFORMANT Mrs Sallie Van Wert  
 (Address) Jambury Mo

15. FILED Nov 30 1931 E A Ball  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov - 16, 1931, to Nov 21, 1931, that I last saw h. a. alive on Nov - 20, 1931, and that death occurred, on the date stated above, at 5 P. M. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Acute myocarditis  
93 A  
1119 O of A  
 (duration) ..... yrs. .... mos. 2 ds.

CONTRIBUTORY (SECONDARY) pulmonary edema, Bronchial pneumonia  
 (duration) ..... yrs. .... mos. 5 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. NO DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Clinical

(Signed) James O. Helm, M. D.  
 , 19 Nov (Address) New Florence 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 DATE OF BURIAL

Jambury Mo 11-23 1931

20. UNDERTAKER ADDRESS

O M Thurman Jambury 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.

DEC 23 1931

Please fill out and  
return to me at once  
Respectfully  
C. M. Johnson