

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

Do not use this space.

7542

1. PLACE OF DEATH

12 County Butler Registration District No. 90
Township Ash Hill Primary Registration District No. 3734C
City Broseley (No. _____) St. _____ Ward _____

2. FULL NAME Oscar Capps

(a) Residence, No. Broseley, Missouri Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Goldie Capps married Feb. 16 1894

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1894

7. AGE YEARS 38 MONTHS _____ DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

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) Tennessee

13. NAME Oscar Capps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Goldie Capps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Albert Snider (ADDRESS) Broseley, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mole Hill DATE 3/11/32

19. UNDERTAKER Green Undt. Co. (county) (ADDRESS) Poplar Bluff, Mo. casket

20. FILED 3-10-32 Nora Y. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/32 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932 to March 10, 1932

I last saw him alive on March 8, 1932 Death is said to have occurred on the date stated above, at 10-20 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage Date of onset 3-7-32

Other contributory causes of importance: (1)

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) A. Camp, M. D.

(Address) Broseley Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

APR 25 1932

100

100