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

Do not use this space.

23254

File No. 2960

Registered No.

1. PLACE OF DEATH
County Jackson Registration District No. 389
Township Kaw Primary Registration District No. 1099
City Kansas City (No. 6029, Brookside St. Ward)

2. FULL NAME Dudley S. Capron
(a) Residence, No. 6029 Brookside St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Viola J. Capron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	3	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. Conductor
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

FATHER
13. NAME Ephraham Capron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Viola J. Capron
(ADDRESS) 6029 Brookside

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE July 21, 1933

19. UNDERTAKER D. W. Newcomers Sons
(ADDRESS) 2111 East 9th St.

20. FILED July 20, 1933 M. M. Browne Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1933, to 7-18-33, 19..
I last saw him alive on 7-11-, 1933. Death is said to have occurred on the date stated above, at 7:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	6-30-33
94B	
97	

Other contributory causes of importance:
Arteriosclerosis.

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? No
If so, specify .....
(Signed) Luke M. Parks, M. D.
(Address) 736 Argyle

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

736 Argyle
2:20 5'00