

MAY 14 1936

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

Do not use this space.

14229

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V

File No. ....  
Registered No. 631  
St. .... Ward

## 1. PLACE OF DEATH

County BUCHANAN Registration District No. ....  
Township WASHINGTON Primary Registration District No. ....  
City ST. JOSEPH, (No. MISSOURI, METHODIST HOSP.) St. .... Ward

2. FULL NAME HARRY CAPLAN 1805 ST. JOSEPH AVENUE

(a) Residence, No. 1805 ST. JOSEPH St. 1ST Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## 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 HUSBAND OF ROSE

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

7. AGE YEARS 70 MONTHS Unknown DAYS Unknown If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. RETIRED  
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) RUSSIA13. NAME UNKNOWN14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) UNKNOWN15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) UNKNOWN17. INFORMANT ROSE CAPLAN, (ADDRESS) 1805 ST. JOSEPH AVE.18. BURIAL, CREMATION, OR REMOVAL PLACE B'NAI YAAKOV DATE APRIL 30, 193619. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 COLHOUN ST.20. FILED 4-30, 1936 H. J. Neutcheff (Address) 1718 No. 3d St. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 29, 1936 193622. I HEREBY CERTIFY, That I attended deceased from April 21, 1936 to April 29, 1936.

I last saw h. I.M alive on Apr. 29, 1936 Death is said to have occurred on the date stated above, at 1:00 Pm.  
The principal cause of death and related causes of importance were as follows:

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

Date of onset

Prostatic Hypertrophy 1932?  
(Adenomatous)

Other contributory causes of importance:  
Pneumonia - bronchial 4/24/36  
Embolism - cerebral 4/26/36

Name of operation none Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

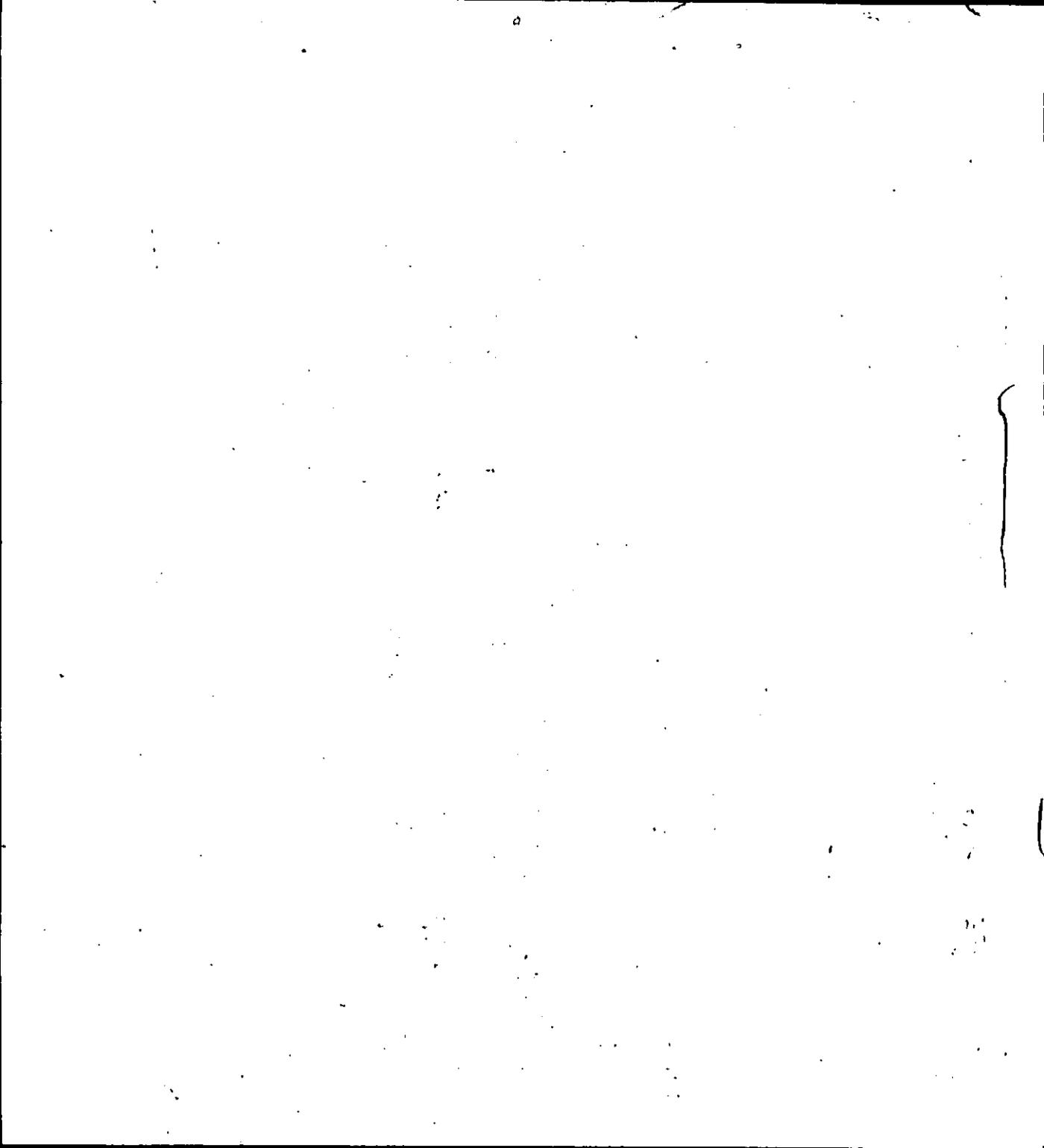
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify ..... (Signed) H. J. Neutcheff, M. D.

(Address) 1718 No. 3d St.

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.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 631  
 City St Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harry Caplan  
 (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) m

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 unk.

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

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 4/30 1936 H. Nestelund Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Prostatic Hypertrophy (Benign) Date of onset \_\_\_\_\_  
(No evidence of malignancy)  
 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) G. H. Bloomer, M. D.  
 (Address) 1218 W 3rd St

**SUPPLEMENT**

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.

S-142-29

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