REC'D APR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County MONROE — Registration District No. 582 — File No. 11527
Township — Primary Registration District No. 4344 — Registered No. 12
City PARIS (No. ..., ... St. ..... Ward)

2. FULL NAME AMANDA MAHALA CAPLINGER 1 1/2 5
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~[illegible]~~ OCT. 8, 1853

7. AGE: YEARS 84 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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) RALLS CO. MISSOURI

FATHER
13. NAME RICHARD GENTRY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

MOTHER
15. MAIDEN NAME CAROLINE POLLARD.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

17. INFORMANT (ADDRESS) MRS. CLARENCE RUTTER ~~[illegible]~~ MADISON, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE WALNUT GROVE DATE MAR. 7 1938

19. UNDERTAKER (ADDRESS) SPEED & BLAKEY PARIS, MO.

20. FILED MAR. 6, 1938 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to Mar 5, 1938
I last saw her alive on Mar 5, 1938. Death is said to have occurred on the date stated above, at 8:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of neck of femur due to fall	2-2-38
Hypostatic Pneumonia of of probably one weeks duration	

Other contributory causes of importance:

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 Feb 2, 1938
Where did injury occur? At her home, Paris Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fracture of neck of femur
Nature of injury from fall on floor.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) M. C. McMurry M. D.
514 (Address) PARIS, MO.

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

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.

20M-2-19-38 I X7294