

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

15738

Do not use this space.

64 BEC'D MAY 24 1938

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 179
 (b) Township Randolph Primary Registration District No. 2024a Registered No.
 (c) City Desloge (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Watson Cape 100

(a) Residence, No. Desloge St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Eva E. Cape
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1870
 7. AGE YEARS 67 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
 9. Industry or business in which work was done, as saw mill, bank, etc. janitor
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Valley Mines
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joshua Cape

14. BIRTHPLACE (CITY OR TOWN) near Desoto
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Jane Mc Mullen

16. BIRTHPLACE (CITY OR TOWN) near Desoto
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs S. W. Cape
 (ADDRESS) Desloge Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre DATE May 1, 1938

19. FUNERAL DIRECTOR (NAME) C. G. Bayle
 (ADDRESS) Desloge Missouri

20. FILED 5-9 1938 W. J. Blackwell Local Registrar. 700 (Address) Desloge Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1938 to Apr. 29, 1938.
 I last saw him alive on Apr. 29, 1938. Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis - Acute Date of onset
Dilatation of Heart.

Other contributory causes of importance:

Name of operation 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) R. P. Pester M. D.
Desloge 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, C. Z. Bayer,
....., or by

Registered Apprentice No....., working under my personal supervision.

Signed C. Z. Bayer

Licensed Embalmer No. 1671

P. O. Address Desloge, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.