

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

Do not use this space.

REC'D NOV 9 1939

1. PLACE OF DEATH
 County Pike Registration District No. 684
 Township Cure Primary Registration District No. 4408
 City Bowling Green (No. 126) St. _____ Ward) _____
 2. FULL NAME Lewis A Capps
 (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.

File No. 36904
 Registered No. 30

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XX</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>X Y 1864</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>X</u>	DAYS <u>X</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Mo.</u>	
	13. NAME <u>X Capps</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Dora Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dart Know</u>	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL <u>Bowling Green Mo.</u> DATE <u>10 25 39</u>		
19. UNDERTAKER (ADDRESS) <u>DeGraff & Bonfield</u>		
20. FILED <u>78-1-</u> 19 <u>39</u> <u>MBSammer/Camp 1110</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1939, to 10-25-39, 1939.
 I last saw him alive on 10-24, 1939. 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:
Bronchial Pneumonia Date of onset 10-15-39

Other contributory causes of importance: 1078

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) T. H. Wilcox, M. D.
 (Address) Bowling Green Mo.

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

RECEIVED

District Health Officer No. 10

District File Number 11-39-1856

Date Filed NOV 5 1939