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

Do not use this space.

40077

JAN 19 1932

1. PLACE OF DEATH

County _Barry_

Township _Wheaton_

Registration District No. _1168_

Primary Registration District No. _3042A._

File No. ____

Registered No. _35_

City ____ (No. ____ , ____ St. ____ Ward)

2. FULL NAME _George Henry 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.

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 _Germaine Capps,_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Oct 28 – 1891_

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1
40	1	4	day, ____ hrs. or ____ min.

OCCUPATION

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

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) _Mo._

FATHER

13. NAME _Geo. W. Capps_

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

MOTHER

15. MAIDEN NAME _" " Roller_

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

17. INFORMANT (ADDRESS) _Mrs. G. H. Capps. Wheaton_

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Carthage_ DATE _Dec 5 1931_

19. UNDERTAKER (ADDRESS) _Knell Mortuary Carthage Mo._

20. FILED _Dec 2 1931_ _E. Edmonston_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Dec 2 , 1931_

22. I HEREBY CERTIFY, That I attended deceased from _Nov 26, 1931,_ to _Nov 30 , 1931_

I last saw h__ alive on _Nov 30, 1931._ Death is said to have occurred on the date stated above, at _12 30_ m.

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

Hemorrhage (stomach or duodenum,)

Date of onset

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. W. Poor_ , M.D.

(Address) _Wheaton Mo._