

JUL 27 1929

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

Do not use this space.

22444

1. PLACE OF DEATH

County St. Francis

Registration District No. 775

Township Barry

Primary Registration District No. 6070

City Booneville, Mo.

File No.

Registered No. 521

St. Ward)

2. FULL NAME

Elizibeth Caplin

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Widowed

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

Jan 1 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

5

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. James Mo.

10. NAME OF FATHER

Elmer Caplin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Jan Egel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Booneville, Mo.

14.

INFORMANT (Address)

John Henry Caplin Booneville, Mo.

15.

FILED

7/21, 1929 T. T. Don

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 21 1929

17.

I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to June 21, 1929, that I last saw her alive on June 3, 1929, and that death occurred, on the date stated above, at 9-15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
4 4 1/2 (duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

At home

DID AN OPERATION PRECEDE DEATH? and DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

See Surley, M. D.

6-21, 1929 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Booneville Cemetery

June 23 1929

20. UNDERTAKER

P. A. Buchanan Booneville

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.

94
2
6

262
1

31

2

