

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16591

1 TRADE OR BUSINESS  
County Mullinsburg  
 2 RESIDENCE  
 3 FULL NAME E. J. Capps  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1695  
 Primary Registration District No. 6538

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male  
 5 COLOR OR RACE white  
 6 DATE OF BIRTH Nov 2 1866  
 (Month) (Day) (Year)  
 7 AGE 55 yrs. 8 mos. 11 ds.  
 IF LESS than 14 days or months?  
 8 OCCUPATION  
 (a) Trade, profession or particular kind of work Missing  
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Brederidge County Ky  
 10 NAME OF FATHER Don't know  
 11 BIRTHPLACE OF FATHER (State or country) Hardin County Ky  
 12 MAIDEN NAME OF MOTHER Laura Newman  
 13 BIRTHPLACE OF MOTHER (State or country) Brederidge County Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Eli C. Settle  
 (Address) Lugersville Ky

15 FILED 7/14/22 C. B. Wickliffe  
Mullinsburg Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 13, 1922  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, That I attended deceased from July 3, 1922, to July 12, 1922, that I last saw him alive on July 12, 1922, and that death occurred on the date stated above at 25 E. St.

The CAUSE OF DEATH\* as follows:

Pharyngomassoid pleuritis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Pneumonia pleuritis  
(Secondary)(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) Henry J. Claton, M. D.  
July 13, 1922 (Address) Greenville Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted,if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Waverly Bldg. July 14, 192220 UNDERTAKER ADDRESS  
McDonald & Smith Greenville

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

No. 2—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. E. J. attachment of OCCUPATION is very important. See instructions on back of certificate.