

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. No. M 2 7122
Ino. Town. Bremen Ky
City (No. St., Ward)

Registration District No. 2702
Primary Registration District No.

File No. 24002
Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2 FULL NAME William Rennie Capps

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Dec 12 1910
(Month) (Day) (Year)

7 AGE 5 yrs. 9 mos. 8 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. None
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER Elmer Capps

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co

12 MAIDEN NAME OF MOTHER May Capps

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Martin Dick
(Address) Bremen Ky

15 Filed Dec 27, 1916 M.C. Grand
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 26 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 26, 1916 to Sept 26, 1916, that I last saw him alive on Sept 26, 1916, and that death occurred on the date stated above at 8 p.m. The CAUSE OF DEATH* was as follows:
Cholera Morbus

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) J.P. Walker, M. D.
Sept 26, 1916 (Address) Central City, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE 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. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Shores Chapel DATE OF BURIAL 9/27 1916
20 UNDERTAKER J.B. Tucker ADDRESS Bremen

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 E. B.--Every item of information should be correctly 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. See instructions on back of certificate.