

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 as very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

Knox.

County

Civil Dist.

or  
Villageor  
City Knoxville

Registration District No. 24801

Primary Registration District No.

(No. Lincoln Memorial Hosp. Str.; Ward)

File No.

Registered No. 436

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

## 2 FULL NAME

Omer

Capps

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M- 4 COLOR OR RACE W- 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)

6 DATE OF BIRTH (Month) (Day) (Year) 1891

7 AGE 25 yrs. mos. ds. If LESS than 1 day, --- hrs. or --- min.?

8 OCCUPATION Quarryman (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Wash Capps

11 BIRTHPLACE OF FATHER (State or country) N.C.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. A. Baker

(Address) Louisville, Tenn.

15

Filed Jan 10 6 1916

H. H. Hauff  
REGISTRAR

Form V. S. No. 4-100M.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 24, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 22 1916, to June 24 1916, that I last saw him alive on June 22 1916 and that death occurred, on the date stated above, at home.

The CAUSE OF DEATH\* was as follows:

General Peritonitis

Contributory (SECONDARY) Appendicitis

(Signed) J. H. Doyson, M. D. June 24, 1916 (Address) Knoxville, Tenn.

\*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, 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 Louisville, Tenn.

19 PLACE OF BURIAL OR REMOVAL

ARLINE Tenn.

DATE OF BURIAL

6-25-1916

20 UNDERTAKER

Carl R. Roberts Co.

ADDRESS

Knoxville, Tenn.