

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

Do not use this space.

27957

1. PLACE OF DEATH

County Monteau

Registration District No. 574

Township Jamestown

Primary Registration District No. 4338

City Jamestown (No. _____)

File No. 1928

Registered No. 10

St. _____ Ward _____

2. FULL NAME

Michael George Opitz

(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

Male

4. COLOR OR RACE

White

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

Widowed

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

Martha Opitz

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

Oct 12 - 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

78

10

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoemaker & farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Baltimore, Maryland

(STATE OR COUNTRY)

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT Wm. Opitz
(Address) 1408 Prospect Ave. Kansas City, Mo.

15.

FILED 8/9, 1928

H.A. Meyers

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 8 1928

17. I HEREBY CERTIFY that I attended deceased from Aug 8 to Aug 9, 1928, that I last saw him alive on Aug 9, 1928, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Prostate hypertrophy

135 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Influenza last winter (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A.L. Meredith, M.D.
8-8, 1928 (Address) Prague Home Ills

*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

Concord Cemetery

8/9 1928

20. UNDERTAKER

Chas. Fullrich

ADDRESS

Jamestown Mo

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.

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