WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

SEP 26 1933

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

Do not use this space.

25673

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 796

City: St. Joseph, (No. 1517 So. 13th. St. St. Ward)

2. FULL NAME: Mary Opal

(a) Residence, No. 1517 So. 13th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: John N. Opal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar, 31, 1854

7. AGE: YEARS 79 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Corning, Mo.

FATHER

13. NAME: Christopher Groh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Christina Haag

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co, Mo.

17. INFORMANT (ADDRESS): John A. Opal, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: Aug. 11, 1933

19. UNDERTAKER (ADDRESS): Walter McCuhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: 8-11, 1933 John R. Bender, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 9, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1933 to Aug. 9, 1933

I last saw her alive on Aug. 9, 1933 Death is said to have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular Renal Disease | 1930 |
| Arterio-Sclerosis, General | 1930 |

131
97

Other contributory causes of importance: 131

Name of operation: none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Gordon D. Wright, M. D.

(Address) 847 So. 19th. St. St. Joseph, Mo.