

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 108
Township Clinton Primary Registration District No. 3020
City Carthage (No. _____) St. _____ Ward _____

File No. 29976
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ophelia Frances Island
(a) Residence. No. Edison & Sixth 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. 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 William Island

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 18, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 5 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson County
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER J. A. Hillbeas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Urbana
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Mary Jane Pope

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Urbana
(STATE OR COUNTRY) Ohio

14. INFORMANT Miss Laura Island
(Address) Edison & Sixth - Carthage Mo.

15. FILED Sept. 19, 1933 L. B. Clinton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1933, to Sept 21, 1933 that I last saw h. ex. alive on Sept 12, 1933 and that death occurred, on the date stated above at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
93.3 Bronchiectasis
106 B
(duration) 7 yrs. 7 mos. 19 ds.
CONTRIBUTORY myocarditis
(SECONDARY) (duration) yrs. / mos. ds.

18. WHERE WAS DISEASE CONTRACTED Carthage Mo
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical findings
(Signed) George H. Wood, M. D.
, 19 (Address) Carthage Mo.

*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 Park Cemetery DATE OF BURIAL Sept 22 1933

20. UNDERTAKER Knell Mortuary ADDRESS Urbana, Ohio

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. WRITE PLAINLY WITH OUPWARDING INK.—THIS IS A PERMANENT RECORD. OCT 20 1933

