

REC'D JUN 8 1938

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

Do not use this space.

18328

448

1. PLACE OF DEATH

County Greene Registration District No. 316
Township Stockton Primary Registration District No. 5440
City Springfield, Mo. (No. Osteo. Hosp. St. _____ Ward) _____

2. FULL NAME

Opal Grace Alunbaugh 451
(a) Residence, No. Stockton Mo. Ward. Stockton, Mo.
(Usual place of abode) (If resident, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond Alunbaugh				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1905				
7. AGE YEARS 32	MONTHS 11	DAYS 17	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	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) Reeds Missouri				
FATHER	13. NAME Marshall Smith			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME Nola Grissom			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reeds Missouri			
17. INFORMANT Raymond Alunbaugh (ADDRESS) Stockton, Missouri				
18. BURIAL, CREMATION, OR REMOVAL PLACE Reeds, Mo. DATE June 1, 1938				
19. UNDERTAKER H. W. Lotzner (ADDRESS) Springfield, Mo.				
20. FILED June 1, 1938 Chas. C. George, M.D. Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/31, 1938**22. I HEREBY CERTIFY, That I attended deceased from **May 29, 1938, to May 31, 1938**

I last saw or alive on **May 30, 1938**. Death is said to have occurred on the date stated above, at **4:30 p.m.**

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

Date of onset

General peritonitis

Other contributory causes of importance:

Salmonella and a P. typhimurium
Name of operation **Removal of 4. Int. and appendix** Date of **May 29, 1938**
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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? _____

If so, specify _____
(Signed) **William D. Stegels, M.D.**
(Address) **Springfield, 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.

1302

JAN 8 1954

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18328
Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 318
(b) Township S. Campbell Primary Registration District No. 5440 Registered No. 448
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Opal Grace Alumbaugh
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 11 17
- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....
- FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19.....
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED, 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31-1938
22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:
General Peritonitis Date of onset
Salpingitis - Gonococcal and of this appendix
- Other contributory causes of importance:
Salpingitis - Gonococcal and of this appendix
- Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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?.....
If so, specify Hellman Wetzel M. D.
Springfield, Mo (Address)

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

