JAN 26 1934

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

Do not use this space.

40786

File No.

Registered No. 74

1. PLACE OF DEATH
County Montrain
Township Walker
Registration District No. 571
Primary Registration District No. 5769
City (No. St. Ward)

2. FULL NAME Ophelia Ann Peters

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Montrain

FATHER
13. NAME H. H. Sappington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrain Co

MOTHER
15. MAIDEN NAME Eudora Hustos
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Carl Hearfurth Jamestown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cem DATE 12/31/1933

19. UNDERTAKER (ADDRESS) William T Friedmeyer California Mo

20. FILED 12-30-1933 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-22-1933, to 10-3-1933
I last saw her alive on 10-3-1933 Death is said to have occurred on the date stated above, at 6A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum	

Other contributory causes of importance

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

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? No
If so, specify
(Signed) H. R. Popejoy, M. D.
(Address) California 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD