

OCT 20 1928

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

34246

## 1. PLACE OF DEATH

County

*Moniteau*

Registration District No.

576

Township

*Marion*

Primary Registration District No.

5773

City

St.

Ward

## 2. FULL NAME

*James Lincoln Opie*

(a) Residence

(Usual place of abode)

St.

Ward

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.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

*Male*

## 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

*Annie Opie*

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

*11-30-1864*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*63**10**4*

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

*Farmer*

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

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

*Moniteau Co.*

(STATE OR COUNTRY)

## 10. NAME OF FATHER

*Dick Opie*

PARENTS

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Not Known*

## 12. MAIDEN NAME OF MOTHER

*Not Known*

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Not Known*

## 14.

INFORMANT (Address)

*Mrs. Willb. Canfield*

## 15.

FILED

10-16-28

1928

10-16-28

10-16-28

10-16-28

10-16-28

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REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

*Oct. 4 1928*

## 17.

I HEREBY CERTIFY That I attended deceased from

*10-28*

to

*10-4*

19

*28*

and that

I last saw him alive on

*10-4*

19

*28*

m.

and that

death occurred, on the date stated above, at

*10-4*

19

*28*

m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Cerebral Prostration*

## CONTRIBUTORY (SECONDARY)

*Atherosclerosis*

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

## DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

19

(Address)

*Eldon*

\*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

*Gray Cemetery**10/6 1928*

## 20. UNDERTAKER

## ADDRESS

*W.A. Phillips**Eldon*

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.

