MAY 25 1927

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

Do not use this space.
10958

1. PLACE OF DEATH
County Buchanan — Registration District No. 80 — File No.
Township Center — Primary Registration District No. 5119 — Registered No. 5
City ~~St. Joseph~~, Mo. (No. R. F. D. # 4, St. Joseph, Mo. St. Ward)

2. FULL NAME Katherine Oppliger
(a) Residence. No. R. F. D. # 4, St. Joseph, Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 46 yrs. 0 mos. 0 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18, 1840

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
87	3	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER John Hoehn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna Schenkelberger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Mr. J. C. Oppliger
(Address) R. F. D. # 4, St. Joseph, Missouri

15. FILED 4/22, 1927 R. F. Dowell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1927

17. I HEREBY CERTIFY, That I attended deceased from 4/17 Saw this, 19..., to 4/17, 1927 that I last saw h..... alive on 4/17 - 1927, and that death occurred, on the date stated above, at 10:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infirmities of Age
No Disease
162
164
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
4/22 1927 (Signed) R. F. Dowell, M. D
(Address) Agency, 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: Bethel Cemetery, Andrew County
DATE OF BURIAL: 4/23 1927

20. UNDERTAKER: Fleeman - Faris
ADDRESS: 1208 Francis

WRITE PLAINLY, WITH UNFADING INK—THIS IS A [illegible]

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.