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

Do not use this space.

24313

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3100
Township Kaw — Primary Registration District No. 1007 — Registered No.
City K. C. Mo (No. St Marys Hosp St. Ward)

2. FULL NAME Opal Loy
(a) Residence. No. 3009 E 18th 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: FE
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 - 1916
7. AGE: Years 11 — Months 7 — Days 28 — If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) K. C.
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Lee Loy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Rose Winterhalter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Lee Loy
(Address) 3009 - E - 18
15. FILED 8/8, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 - 6 1927
17. I HEREBY CERTIFY, That I attended deceased from 8-5, 1927, to 8-6, 1927 that I last saw her alive on 8-6, 1927, and that death occurred, on the date stated above, at 9:40 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
121 B General peritonitis
129
117 B (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) acute appendicitis
(duration) yrs. mos. 7 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Cierham
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-6-27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? none
8/7, 1927 (Signed) J. M. Nunn, M. D
(Address) Randall K C Kan

*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: Forest Hill — DATE OF BURIAL: Aug 8 1927
20. UNDERTAKER: Rose & Co — ADDRESS: 15th Jackson

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.