AR 19 1928

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

Do not use this space.

4679

1. PLACE OF DEATH
County Grundy
Township
City Trenton
Registration District No. 330
Primary Registration District No. 3017
File No.
Registered No.
(No. St. Ward)

2. FULL NAME Opal Stradley
(a) Residence. No. E" 9" 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 19-1916
7. AGE: Years 11, Months 10, Days 3, If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Snyder Okla.

PARENTS
10. NAME OF FATHER: Roy W. Stradley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ardmore Okla.
12. MAIDEN NAME OF MOTHER: Emma Wilcox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Texas

14. INFORMANT: Clyde Timmons
(Address) Trenton Mo.
15. FILED Feb 22 1928 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb-22 1928
17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 22, 1928, that I last saw her alive on Feb 22, 1928, and that death occurred, on the date stated above, at 12:45 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
118 Encephalitis
798
(duration) yrs. mos. 4 Weeks
CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. about 3 or 4 mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys. findings course of disease
(Signed) E. A. Duffy, M. D
Feb 22, 1928 (Address) Trenton, 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: Snyder Okla
DATE OF BURIAL: 2/24 1928
20. UNDERTAKER: Gipson Furn Co.
ADDRESS: Trenton Mo.