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.

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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 17189

Township: Kaw — Primary Registration District No.: 1092 — Registered No.: [illegible]

City: Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Opal Remington

(a) Residence. No. RFD. 410-W-17th St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

B

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
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: Harry. T. Remington

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 5 1902

7. AGE: Years 25 — Months 8 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Benj. Kentrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Laura Witherspoon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Harry T Remington
(Address) RFD. #3 Indpence Mo.

15. FILED: May 16, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1928, to May 14, 1928, that I last saw her alive on May 14, 1928, and that death occurred, on the date stated above, at 6:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
138 (duration) yrs. mos. ds.
13
129

CONTRIBUTORY (SECONDARY): Pyosalpynx
Cause unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF May 14 1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. F. Mackey, M. D
5-15, 1928 (Address) KC 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: Springfield Mo. — DATE OF BURIAL: May 17 1928

20. UNDERTAKER: Mrs. C L Forster — ADDRESS: Kansas City Mo

726 Latterope