

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.

19982

1. PLACE OF DEATH  
County... D. Buchanan Registration District No. 85  
Township... St. Joseph Primary Registration District No. 1001  
City... St. Joseph (No. Mo. Meth. Hosp.)  
2. FULL NAME Opal Irene Kinnen  
(a) Residence No. 1270 Prospect 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.

File No. \_\_\_\_\_  
Registered No. 775  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. ~~STATUS~~ MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leonard  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1903  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 11 14  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House work  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cameron, Mo  
(STATE OR COUNTRY) \_\_\_\_\_  
10. NAME OF FATHER Frank Woods  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cameron, Mo  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Lucie Mowbr  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cameron, Mo  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Leonard Kinnen  
(Address) 1270 Prospect Ave  
15. FILED JUN 19 1928 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1928  
17. I HEREBY CERTIFY, That I attended deceased from June 13 to June 17, 1928, that I last saw her alive on June 16, 1928, and that death occurred, on the date stated above, at 5:30 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Obs. of Uterus  
122A Strangulated  
122B Inguinal Hernia  
(duration) yrs. mos. 2 ds.  
CONTRIBUTOR Perforated Uterus due to  
(SECONDARY) Adhesions (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED  
1180 W 1270 Prospect  
NOT AT PLACE OF DEATH? Yes DATE OF June 16/28  
DID AN OPERATION PRECEDE DEATH? No  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Op.  
(Signed) Marked Harrison M. D.  
Jun 18, 1928 (Address) Lincolnton Bldg  
\*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 Memorial Park DATE OF BURIAL 6/19 1928  
20. UNDERTAKER Heeman Funeral Home ADDRESS 1708 Francis

Handwritten marks, possibly initials or a signature, located in the upper left quadrant.

Vertical handwritten marks or characters.

Handwritten marks or characters.

Handwritten marks or characters.

Handwritten marks or characters.

Vertical handwritten marks or characters.

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