FEB 23 1929

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

Do not use this space.

3037

1. PLACE OF DEATH
County Putnam — Registration District No. 718 — File No.
Township Jackson — Primary Registration District No. 5949 — Registered No. 1
City (No. St. Ward)

2. FULL NAME Opal Claire Christian
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
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) Sept 5 - 1898
7. AGE Years 30 Months 3 Days 26 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teacher.
(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 G. T. Christian
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Sarah E. Dickson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT G T Christian (Address)
15. FILED Jan 2, 1929 J H Hahman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1917, to Jan 1, 1929 that I last saw her alive on Jan 1, 1929 and that death occurred, on the date stated above, at 4:00 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation Sequel to Chr. Myocardial Degeneration
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 4 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? Clinical
(Signed) Benjamin E Cobb, M.D
Jan 2, 1929 (Address) Unionville 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 Dickson — DATE OF BURIAL Jan. 6 1929
20. UNDERTAKER T. O. Husted & Son — ADDRESS Unionville Mo

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.

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