

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

Do not use this space.

41548

1. PLACE OF DEATH  
 County Newton Registration District No. 614  
 Township Granby Primary Registration District No. 5816  
 City (No. ....) St. .... Ward .....

2. FULL NAME Opal Lucille Judd  
 (a) Residence No. .... Ward .....

(Residence 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7, 1925  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 5 8

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) None  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Granby, Mo.  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER Erna Judd  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Jadie Marshall  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Erna Judd  
 (Address) Granby, Mo.

15. FILED 12-13, 1929 M. F. Palmer  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-13 1929  
 17. I HEREBY CERTIFY, That I attended deceased from July 11th, 1929, to Dec 13, 1929 that I last saw her alive on Dec 13, 1929, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diphtheria  
10 / 10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. W. Langley, M. D.  
Dec 13 1929 (Address) Granby, Missouri

\*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 Newton, Mo. DATE OF BURIAL Dec 13 1929

20. UNDERTAKER J. A. Newman ADDRESS Granby, Mo.

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.

73  
 JAN 22 1930

