

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

Do not use this space.

33720

**1. PLACE OF DEATH**

County Meru  
Township Morgan  
City Princeton, Mo.

Registration District No. 556  
Primary Registration District No. H328

File No. \_\_\_\_\_  
Registered No. 34  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

W. A. Opldyke  
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1 - 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>11</u>	<u>1</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER Samuel  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holland  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Fred  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT Eliza Cooper  
(Address) Princeton, Mo.

15. FILED Oct 29 1933 J. M. Perry  
REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Oct 22, 1933 that I last saw him alive on Oct 22, 1933, and that death occurred, on the date stated above, at Princeton, Mo. 9 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial degeneration  
92A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 92B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) W. Stacy, M. D.  
Princeton, Mo. (Address)

\*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 Ridgway DATE OF BURIAL Oct 23 1933

20. UNDERTAKER Noel Mass ADDRESS Princeton, 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.

NOV 10 1933

THIS IS A PERMANENT RECORD

