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.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH
103 County Stoddard — Registration District No. 834 — File No. 35365
Township Pike — Primary Registration District No. 6097 — Registered No. 38
City Bell City, Mo (No. ..... St. ..... Ward)

2. FULL NAME Ophelia Stephens
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 2 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 (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/20, 1929
7. AGE 4 YEARS 7 MONTHS 5 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Every Shade, Ark.

FATHER
13. NAME Samuel R Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Ind.

MOTHER
15. MAIDEN NAME Velmar M. Bowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co., Mo.

17. INFORMANT (ADDRESS) Samuel R Stephens Bell City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove, Mo. DATE 10/26, 1933
19. UNDERTAKER (ADDRESS) Lloyd S Morgan Advance Mo
20. FILED 11-3-, 1933 N McKearly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25, 1933
22. I HEREBY CERTIFY, That I attended deceased from On 10/25, 1933, to ——, 19..
I last saw her alive on 10/25, 1933. Death is said to have occurred on the date stated above, at 8 40 p.m.
The principal cause of death and related causes of importance were as follows:
Membranous Croup — Date of onset
10
10
Other contributory causes of importance:
Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) C. O. Bennett, M. D.
(Address) Bell City, Mo.