

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

Do not use this space.

1. PLACE OF DEATH

**AUG 15 1936**

85

25597

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. ....  
Primary Registration District No. 1001  
(No. Mercy Hospital)

File No. ....  
Registered No. 958  
St. .... Ward

2. FULL NAME Opal Marie Peery

(a) Residence, No. 916 South 16th St., ..... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
32 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

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) Kansas City Missouri

13. NAME Jackson Shepherd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Missouri

15. MAIDEN NAME Bertha Ebersole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkon Star Missouri

17. INFORMANT Claude Peery (ADDRESS) 916 S. 16th St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo. DATE July 19, 1936

19. UNDERTAKER Clark Mortuary (ADDRESS) 2025 KING HILL AV.

20. FILED 7/19 1936 H. J. Nestlebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1936

22. I HEREBY CERTIFY, that I attended deceased from July 16, 1936, to July 18, 1936. I last saw her alive on July 18, 1936. Death is said to have occurred on the date stated above, at 2:45 p. m. The principal cause of death and related causes of importance were as follows:

Peritonitis Date of onset 7-16-36

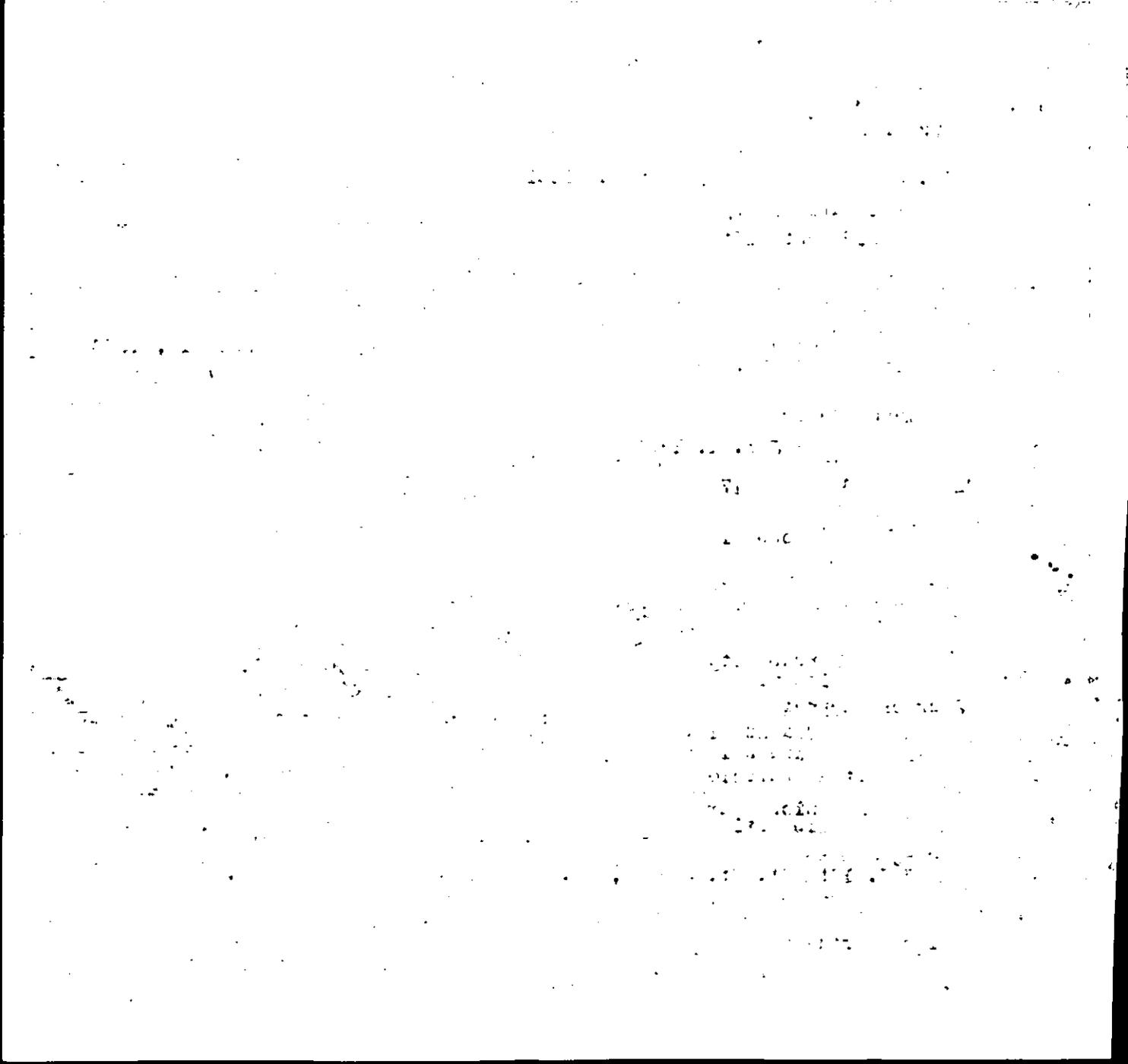
Other contributory causes of importance: Salpingitis, Cervicitis, Uterine Infection, Ovarian Cysts

Name of operator Salpingo-Oophorectomy 7-17-36  
What test confirmed diagnosis? Path. 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) Dr. Wm. H. Peery, M. D. (Address) 204-10 Tubman Blvd.



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 95-8

**2. FULL NAME**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or mins.
	<u>32</u>	<u>5</u>	<u>17</u>	

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 7/19 1936 J. J. McCallister Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 last seen \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Mixed Infection  
Salpingitis  
 Other contributory causes of importance:  
Salpingitis  
Simple Serous Ovarian Cyst.

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in as 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?  
 If so, specify \_\_\_\_\_

(Signed) Wm. P. Lewis M. D.  
 (Address) 209 1/2 West 12th St. St. Joseph, Mo.

BUREAU OF VITAL STATISTICS

S-25597

RECEIVED