

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

Do not use this space.

MAY 31 1937

17784

1. PLACE OF DEATH
 103 County Stoddard Registration District No. 839
 Township Richland Primary Registration District No. 6101
 City Gray Ridge (No. _____) St. _____ (Ward)

2. FULL NAME Ophelia Guy *Carl*
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to March 14, 1937.
 I last saw her alive on March 12th, 1937. Death is said to have occurred on the date stated above, at 10:23 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 3 22

Tubercular Meningitis
Pulmonary tuberculosis
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 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) Cotton Plant Arkansas

13. NAME C. C. Guy

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

15. MAIDEN NAME Ada Gentry

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

17. INFORMANT C. C. Guy (ADDRESS) Gray Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter DATE 3-15, 1937

19. UNDERTAKER Watkins-Jamison (ADDRESS) Dexter, Mo.

20. FILED _____, 19____ Registrar.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Dr. S. S. Davis, M. D.
 (Signed) _____ (Address) Dexter, 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.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I 39314

1. The purpose of this document is to provide a comprehensive overview of the current state of the project and to identify the key challenges and opportunities for the future.

2. The project has made significant progress in the areas of research and development, and it is expected that the results will be published in the next few months.

3. The main challenge facing the project is the need to secure additional funding to support the ongoing research and development efforts.

4. It is recommended that the project team should focus on identifying potential funding sources and developing a strong business case for the project.

5. The project team should also consider the need to establish a strong network of industry and academic partners to support the project's goals.

6. The project team should continue to monitor the progress of the project and to report on the results of the research and development efforts.

7. The project team should also consider the need to establish a strong communication strategy to keep stakeholders informed of the project's progress.

8. The project team should also consider the need to establish a strong governance structure to ensure the project is managed effectively.

9. The project team should also consider the need to establish a strong risk management strategy to identify and mitigate potential risks to the project.

10. The project team should also consider the need to establish a strong evaluation strategy to assess the impact of the project and to identify areas for improvement.

11. The project team should also consider the need to establish a strong sustainability strategy to ensure the project's long-term success.

12. The project team should also consider the need to establish a strong ethical framework to guide the project's activities and to ensure that the project is conducted in a responsible and transparent manner.

13. The project team should also consider the need to establish a strong legal and regulatory framework to ensure the project is compliant with all applicable laws and regulations.

14. The project team should also consider the need to establish a strong intellectual property strategy to protect the project's research and development efforts.

15. The project team should also consider the need to establish a strong data management strategy to ensure the project's data is secure, accessible, and well-documented.

16. The project team should also consider the need to establish a strong human resources strategy to attract and retain the best talent for the project.

17. The project team should also consider the need to establish a strong financial strategy to ensure the project has sufficient resources to support its activities.

18. The project team should also consider the need to establish a strong marketing and public relations strategy to promote the project and to attract potential funding sources.

19. The project team should also consider the need to establish a strong social and environmental strategy to ensure the project is socially and environmentally responsible.

20. The project team should also consider the need to establish a strong communication strategy to keep stakeholders informed of the project's progress.

21. The project team should also consider the need to establish a strong governance structure to ensure the project is managed effectively.

22. The project team should also consider the need to establish a strong risk management strategy to identify and mitigate potential risks to the project.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Stoddard Registration District No. 539
Township Richland Primary Registration District No. 6101
City (No) _____ St. _____ Ward _____

File No. 17784
Registered No. 24
St. _____ Ward _____

2. FULL NAME

Opelia Guy (col.)
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 2 to March 14, 1937
I last saw her alive on March 12, 1937. Death is said to have occurred on the date stated above, at 10:23 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-22-1918

The principal cause of death and related causes of importance were as follows:
Tubercular meningitis Date of onset

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 3 22

Other contributory causes of importance:
Pulmonary Tuberculosis

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

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) Cottov Plantation

13. NAME C. C. Guy

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

15. MAIDEN NAME Ada Gregory

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

17. INFORMANT (ADDRESS) C. C. Guy, Hedges

18. BURIAL, CREMATION, OR REMOVAL PLACE Deftes DATE 3-15 1937

19. UNDERTAKER Watkins-Jamison (ADDRESS) Deftes

20. FILED 87 1937 J. P. B. random Registrar

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

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? _____
If so, specify _____
(Signed) L. S. Deans, M. D.
(Address) Deftes

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. OCCUPATION is very important. Exact statement of OCCUPATION is very important. It may be property classified.

5-1784