

REC'D MAR 15 1938

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

6238

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 990
(b) Township St. Francois Primary Registration District No. 5133 Registered No. 2
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Opal Perry 680
(a) Residence, No. Wappapello, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Harve Perry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 7 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Franklin County Illinois

FATHER 13. NAME Wm. Andrews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Hester Hutchcraft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Harve Perry Wappapello, Mo.

18. BURIAL PLACE Little Brushy DATE Feb. 9 1938

19. FUNERAL DIRECTOR (ADDRESS) Greer Funeral Service Poplar Bluff, Mo.

20. FILED Feb 19 1938 W. J. Goll Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1937, to Feb. 9, 1938
I last saw h. er. alive on Jan. 19, 1938. Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

Nephritis, acute
Edema, generalized

Date of onset
8-37

Other contributory causes of importance:

nephritis, chronic

Name of operation..... Date of.....
What test confirmed diagnosis? Urinal 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) John H. Karswell, M. D.
W. J. Goll, No. 95 (Address)

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. *Not Embalmed*
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)