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.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2541

Township ..... Primary Registration District No. 1003 Registered No. 125

City ..... (No. Christian Hospital St. ..... Ward)

2. FULL NAME Dr. Omer J. Ohrel

(a) Residence, No. 3401 N. Union St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-9-1906

7. AGE: YEARS 27 MONTHS 3 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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): Walsenburg Colo.

FATHER

13. NAME: Joseph Ohrel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Mary Gorges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Colo.

17. INFORMANT (ADDRESS): Mrs Irene Ohrel 3401 N. Union

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walsenburg Colo DATE 1-4 1933

19. UNDERTAKER (ADDRESS): W. A. Stock Und. Co 2117 E. Grand Blvd

20. FILED ..... 1934 J. F. Bredeck Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933, to Jan 2, 1934

I last saw him alive on Jan 2, 1934. Death is said to have occurred on the date stated above, at 8:30 P m.

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

	Date of onset
Septic Pneumonia	12/30
Pericardial Effusion infection cause but stratchan leg cause unknown	12/28
Other contributory causes of importance:	
Septic Emia	12/18
Pyemia	12/30

Name of operation: Incision of leg Date of 12/21

What test confirmed diagnosis? — 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) R. M. Elwood, M. D.

(Address) 4356 Warne

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