

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.

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

Do not use this space.

FEB 21 1938

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **2824 Henrietta St**)

41945

File No.....
Registered No. **19**
St. Ward)

2. FULL NAME

(a) Residence, No. **2824 Henrietta**, **23** 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 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 Alice N. Opel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-11-1861		
7. AGE	YEARS 84	MONTHS 4
	DAYS 20	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired	
	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) Missouri		
MOTHER FATHER	13. NAME Adam Opel	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT (ADDRESS) Alice N. Opel 2824 Henrietta St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 1-3 19 38		
19. UNDERTAKER (ADDRESS) Heets Bros. 3024 Lafayette		
20. FILED 11/11 1938 J. W. Braddock Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-31-1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 13** 19**38**, to **Dec 20** 19**38**.
I last saw him alive on **Dec 20** 19**38**. Death is said to have occurred on the date stated above, at **10:45** p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Pericarditis

Date of onset **Dec 34**

90

Other contributory causes of importance:
Chronic Bronchitis extending over several years

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? **No.**
If so, specify.....
(Signed) **J. W. Braddock**, M. D.
(Address) **3650 Humphrey St.**

Dr. J. W. Higdon
3650 Humphreys
La- 3286