MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH
17 County Carroll — Registration District No. 135 — File No. 15961
3 Township — Primary Registration District No. 3010 — Registered No. 31
4 City Carrollton (No. ..... St. ..... Ward)

2. FULL NAME Opal John

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-5-1904

7. AGE: YEARS 33 — MONTHS — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Demonstrator
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): Safe Mo

FATHER
13. NAME: E. L. John
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Safe Mo

MOTHER
15. MAIDEN NAME: Ollie Travis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steen Prairie Mo

17. INFORMANT (ADDRESS): E. L. John Safe, Mo

18. BURIAL, CREMATION, OR REMOVAL: Broadway Cemetery
PLACE Safe Mo DATE 4/12 1937

19. UNDERTAKER (ADDRESS): Wiles Funeral Home Carrollton Mo

20. FILED 4-12 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Injuries received in auto collision on Highway 65 - 15 mile North of Carrollton Mo

Date of onset

Other contributory causes of importance:

210 M

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? accident Date of injury 4-10, 1937
Where did injury occur? County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place - on Highway
Manner of injury car collided with truck
Nature of injury internal injuries

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. A. Dickerson Coroner, M.D.
(Address) Bogard 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD