

FILED APR 18 1940

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

Do not use this space.

10034

1. PLACE OF DEATH

County AtchisonRegistration District No. 19Township ClayPrimary Registration District No. 5025

City (No.) St. Ward)

2. FULL NAME

(a) Residence, No. Same 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Traut Opp.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 18547. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 6OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME John Opp.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Johnna Traut16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Tha. Opp. Rockport Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Westboro DATE Mar 14 194019. UNDERTAKER (ADDRESS) Wm. Baughman Rockport Mo20. FILED Mar 12 1940 Mary G. Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1940

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.

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

Accidental deathBy gunshot wound. ###
Shot entering at right
back side of head.

Other contributory causes of importance:

None

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? Accidental Date of injury Mar 12 40Where did injury occur? Near Rockport, Missouri
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

At the farm homeManner of injury Discharge of shot gunNature of injury Wound at right back side of head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Westboro M.D.16 (Address) Westboro, Missouri

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.

RECORDED

District Health Officer No. 11

District File Number 446-451

Date Filed APR 9 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10034

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 19

Primary Registration District No.

Registrar's No.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Atchison Rural
(b) City or town Clay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Henry Opp.
(b) If veteran, name war
(c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (c) Age of husband, or wife, if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 6 If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Mar 13 1940 (Date received local registrar) (b) Mary S Chamberlain (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 12
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTAL

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SI-10034-1940