

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

Do not use this space.

41919

**1. PLACE OF DEATH**

County Miller  
Township Saline  
City Waver Eldon (No. \_\_\_\_\_)

Registration District No. 561  
Primary Registration District No. 5-755-A

File No. \_\_\_\_\_  
Registered No. 86  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Anna Catherine Opie

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Lincoln Opie  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/16, 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
71 5 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
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) Missouri  
(STATE OR COUNTRY)

FATHER 13. NAME John Poehlmann

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Louisa Lusch

16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT Lela Scriviner  
(ADDRESS) Eldon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gray Cemetary DATE 11/15/, 1936

19. UNDERTAKER T.L. Dinwiddie  
(ADDRESS) Eldon Mo.

20. FILED 11-15- 1936 Belle Haynes  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1936, to 11/14, 1936.  
I last saw him alive on 11/8, 1936. Death is said to have occurred on the date stated above, at 11:20 A.M.  
The principal cause of death and related causes of importance were as follows:

Osteo-Sarcoma of Sacrum & Coccyx (Coccyx)  
Date of onset ?

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chem. 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) G. J. Walker, M. D.  
(Address) Eldon 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.

