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

Do not use this space.

5139

1. PLACE OF DEATH

County _Cole_

Township _Jefferson_

City _Jefferson_

Registration District No. _2,3_

Primary Registration District No. _3017_

File No. _36_

Registered No. _____

2. FULL NAME _Julia Ann Opel_

(a) Residence No. _1110 W Dunklin St._ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _10_ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Female_   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 _Geo Opel_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Mch 16 - 1868_

7. AGE YEARS _64_ MONTHS _10_ DAYS _28_ If LESS than 1 day, ___ hrs. or ___ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Housework_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _at Home_

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) _Cole Co Mo_

13. NAME _Peter Rose_

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

15. MAIDEN NAME _Martha Hoskins_

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

17. INFORMANT (ADDRESS) _Geo Opel JC Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Bethel_ DATE _2/16 33_

19. UNDERTAKER (ADDRESS) _Dawson-Farmer Mo_

20. FILED _2/16/ 33_ _J. F. Crawford_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Feb. 14_, 19_33_

22. I HEREBY CERTIFY, That I attended deceased from _Feb - 14 -_, 19_33_, to ___, 19___.

I last saw h__ alive on ___, 19___ Death is said to have occurred on the date stated above, at _3.15 p_ m.

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

Date of onset

Struct by automobile
While crossing street
Unavoidable accident

Other contributory causes of importance:

Name of operation ___ Date of ___
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? _Accident_ Date of injury _2-14_, 19_33_

Where did injury occur? _Miefel @ 3:00 oclock on Jefferson St_ (Specify city or town, county, and State) _city_

Specify whether injury occurred in industry, in home, or in public place _On Jefferson Street Jefferson_

Manner of injury _Automobile Accident_

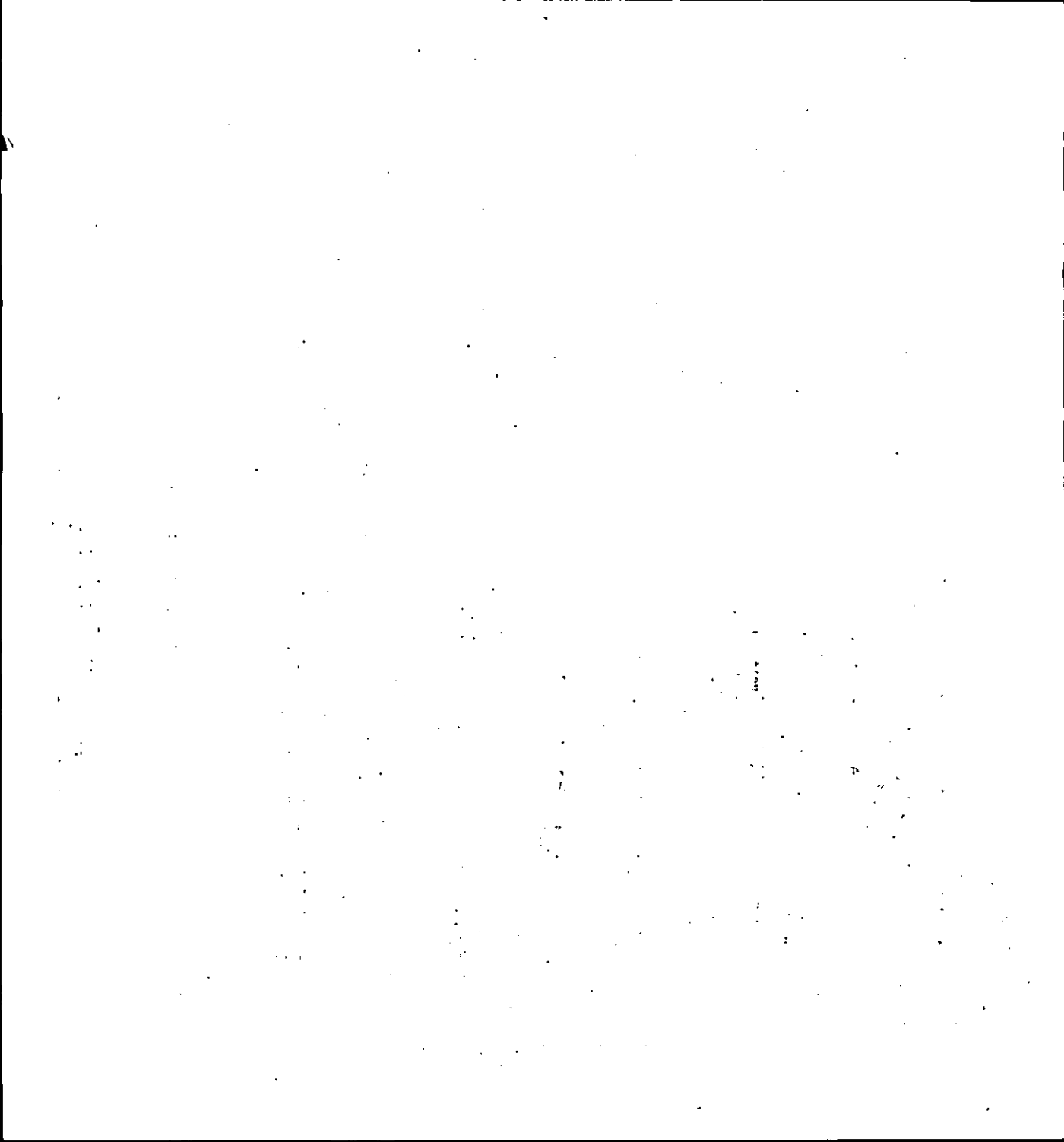Nature of injury _fractured skull at Base_

24. Was disease or injury in any way related to occupation of deceased? _Yes_
If so, specify _Mentally Unbalanced_

(Signed) _Dr. J. E. Wesner Coroner_ M. D.

(Address) _Russellville Mo_

MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County _Cole_

Township _Jefferson_

City _Jefferson_ (No. ____ , ____ St. ____ Ward)

Registration District No. _213_

Primary Registration District No. _394.4_

File No. _35_

Registered No. ____

2. FULL NAME _Julia Ann Opel_

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Geo. Opel_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Mar. 16 1864_

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
68	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

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) ____

FATHER

13. NAME ____

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

MOTHER

15. MAIDEN NAME ____

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

17. INFORMANT (ADDRESS) ____

18. BURIAL, CREMATION, OR REMOVAL PLACE ____ DATE ____ 19__

19. UNDERTAKER (ADDRESS) ____

20. FILED _5/9/ 1933 M Bedford_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Feb. 14_ , 193_3_

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 ____ m.

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

Date of onset

Other contributory causes of importance:

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? ____

If so, specify ____

(Signed) ____ , M. D.

(Address) ____

SUPPLEMENTARY

S- 5139