

JUL 26 1928

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

Do not use this space.

21182

1. PLACE OF DEATH

County *Licking*
Township
City *Shillington*

Registration District No. *508*
Primary Registration District No. *3026*

File No.
Registered No. *65*
St. Ward

2. FULL NAME *William Odell*

(a) Residence No. 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) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Single*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar-9-1912*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 3 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer.*
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Breckenridge*
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Paul Odell*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Galatin*
(STATE OR COUNTRY) *Mo.*

12. MAIDEN NAME OF MOTHER *unt known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *unt known*
(STATE OR COUNTRY)

14. INFORMANT *Wm M Currey*
(Address) *Breckenridge Mo.*

15. FILED *6-27-28* *Rushen Boney* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 23 1928*

17. I HEREBY CERTIFY, That I attended deceased from *June 23* 19*28* to *deceased* 19*28* that I last saw h. *deceased* alive on *June 23* 19*28*, and that death occurred, on the date stated above, at *about 11 P.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Fracture of skull - accident
Fall from Railway Train*

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *A. J. Corone*, M. D.

June 25, 1928 (Address) *Shillington Mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Breckenridge Mo.

6/27 1928

20. UNDERTAKER

ADDRESS

P. M. Marshall

Shillington Mo.

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.

