

SEP 26 1930

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

Do not use this space.

Aug. 14th 5 PM.
27667
Registered No. 17

1. PLACE OF DEATH

County Ray
Township 7th
City Ray

Registration District No. 743
Primary Registration District No. 6237

File No. 27667
Registered No. 17

2. FULL NAME

Ronald Wm Odell

(a) Residence. No. farm St. Ward.

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 - 1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Mo

10. NAME OF FATHER Wm E. Odell

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

12. MAIDEN NAME OF MOTHER Edie Siegel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Mo

14. INFORMANT Robert Odell (Address) Excelsior Springs Mo

15. FILE Aug 18 30 L. E. Tellis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 3 1930 to Aug 14 1930 that I last saw him alive on Aug 13 1930 and that death occurred, on the date stated above, at 5 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infant
small child & never nursed
158 (duration) yrs. mos. ds.

CONTRIBUTORY weak & under size (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical (Signed) Y. D. Carver, M. D.

*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 Siegel DATE OF BURIAL Aug 15 1930

20. UNDERTAKER Herbert Hope ADDRESS Excelsior Springs

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.

