

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

Do not use this space.

39231

1. PLACE OF DEATH

County..... Registration District No. **79**
Township..... Primary Registration District No. **1008**
City St. Louis (No.) St. Ward) **21**

File No.
Registered No. **11408**

2. FULL NAME

Odell Vestal
(a) Residence, No. 2808 Morgan St., **21** Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17th 1898</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>4</u>	DAYS <u>23</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	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) <u>Nashville Tennessee</u>		
FATHER	13. NAME <u>Taylor Vestal</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Mattie Dobson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Kansas</u>	
17. INFORMANT (ADDRESS) <u>Anna G. Vestal 2808 Morgan St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>11/24</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>G. Russell 2731 Olive St.</u>		
20. FILED <u>13 1931</u> <u>Max E. Vance</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) November 10, 1931

2. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to November 10, 1931. I last saw her alive on Nov. 9, 1931. Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Tuberculosis of the lungs May 18 1931

23A 2 3

Other contributory causes of importance:

Name of operation 0 Date of 0

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19...
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify John Paul Hemminger, M. D.
(Address) 314 26 Franklin Ave.

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.

