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.

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

Do not use this space.

36344

File No. .....

Registered No. 54

Registration District No. 391

Primary Registration District No. 5546a

1. PLACE OF DEATH

County Iron

Township Arcadia

City Logan (No. ..... St. ..... Ward)

JAN 4 1934

2. FULL NAME Emmett C. O'Dell

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 1899

7. AGE: Years 34 | Months — | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Turkey farm

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) Salem, Mo

FATHER

13. NAME Wm Odell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo

MOTHER

15. MAIDEN NAME Mary Isabelle Farrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo.

17. INFORMANT Wm Odell (ADDRESS) Salem, Mo

18. BURIAL, CREMATION, OR REMOVAL Pinto Cem.

PLACE Salem, Mo DATE Nov 17 1933

19. UNDERTAKER Arcadia Valley Fund Co (ADDRESS) Ironton, Mo

20. FILED Nov 17 1933 R A Roche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1933

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 6:30 A.m.

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

Verdict of Coroner's Jury Due to Gun shot wound accidentally fired by Chas. Castile

Date of onset

Other contributory causes of importance:

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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? Homicide Date of injury ....., 19.....

Where did injury occur? Near Logan (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) Robert Kelsey Coroner, M.D.

(Address) Iron Co. Ironton, Mo.