

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.

NOV 18 1935

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

Do not use this space.

31769

1. PLACE OF DEATH  
 4 County Ordain Registration District No. 26  
 4 Township \_\_\_\_\_ Primary Registration District No. 3002  
 4 City Mexico mo St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 7 2. FULL NAME Samuel Owens Odannell  
 (a) Residence, No. Mexico Mo 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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neuse Odannell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 29, 1854  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagon Team  
 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) Montgomery Co Mo  
 13. NAME Tom Odannell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT God Odannell  
 (ADDRESS) Mexico Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ward Cemetery DATE Oct - 15 1935  
 19. UNDERTAKER W. R. ...  
 (ADDRESS) Willsville Mo  
 20. FILED Oct 14 1935 Blauche Neely  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14 1935  
 22. I HEREBY CERTIFY, That I attended/deceased from 10, 1935, to 10-14, 1935  
 I last saw him alive on 10-13, 1935 Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia (Broncho)  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance Myocarditis  
 Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) Francis Kelly, M. D.  
 (Address) Mexico, Mo.

