

MAY 25 1936

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

Do not use this space.

16580

1. PLACE OF DEATH

County Ray
Township RICHMOND
City RICHMOND, (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 47
St. _____ Ward _____

2. FULL NAME

Odessa Herod

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Herod</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28-1883</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Horsingize</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.13. NAME JAMES P. MATHENA14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.15. MAIDEN NAME DO NOT KNOW

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT ESTIL MOYER
(ADDRESS) RICHMOND MO18. BURIAL, CREMATION, OR REMOVAL
PLACE Nickon Date 4/10 193619. UNDERTAKER C. M. Jones
(ADDRESS) Richmond, Mo20. FILED 57 1936 E. E. Bay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr-16 1936 to Apr-9 1936
I last saw her alive on Apr-8-1936 Death is said to have occurred on the date stated above, at HP m.

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

Lobar Pneumonia 4/7/1936
HP

Other contributory causes of importance:

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? No 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? No
If so, specify _____

(Signed) A. O. Cox, M. D.
(Address) Rayville Mo

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.

