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

AUG 21 1936

Do not use this space.

27203

1. PLACE OF DEATH
County Lawrence — Registration District No. 470
Township Lawrence — Primary Registration District No. 5633
City Mt Vernon (No. ..., ... St. ..... Ward)

File No. .....
Registered No. 88

2. FULL NAME Harold Eugene Odell

(a) Residence, No. ..... 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. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh.
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): 12-11-1913

7. AGE: YEARS 22 — MONTHS 7 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. as
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dishwasher
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): Rayville Mo

FATHER
13. NAME: Benjamin H. Odell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rayville Mo

MOTHER
15. MAIDEN NAME: Carrie Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rayville Mo

17. INFORMANT (ADDRESS): Self

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Rayville DATE July 31, 1936

19. UNDERTAKER (ADDRESS): Fassett Funeral Home

20. FILED July 31, 1936 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-31-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-12-36, 19..., to 7-31-36, 19...
I last saw him alive on 7-30-36, 19... Death is said to have occurred on the date stated above, at 3:15 m. A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1936

Other contributory causes of importance:
Empyema

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? ..... 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) Chester J. Mellies, M. D.
(Address) Mt Vernon Mo