

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

Do not use this space.

OCT 20 1936

33588

1. PLACE OF DEATH
 County Bates Registration District No. 47
 Township Mound Primary Registration District No. 5070
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Ned Odea
 (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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 9, 1867</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>9</u>
		<u>6</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Plattsburg, Mo.</u>		
13. NAME <u>John Odea</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>John Odea Butler, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cross Hill</u> DATE <u>Sept 16</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Columbus Butler, Mo.</u>		
20. FILED _____ 19 <u>Merrie R. Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8th 1936 to Sept 15, 1936
 I last saw him alive on Sept 15, 1936 Death is said to have occurred on the date stated above, at 12 noon
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
 Other contributory causes of importance:
Deer heart & enteritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis skin 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) L. D. Lettue, M. D.
 (Address) Butler, 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.

