

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

Do not use this space.

PLACE OF DEATH

*Phelps  
Spring Creek*

Registration District No. *680*

Primary Registration District No. *5908*

File No. *3765*

Registered No. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

NAME *Herman Odell 340*

Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward.

Usual place of abode \_\_\_\_\_ (If nonresident, give city or town and State)  
 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**

4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S*

IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF \_\_\_\_\_  
 WIFE OF \_\_\_\_\_

BIRTH (MONTH, DAY, AND YEAR) *Jan 27-1938*  
 YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*3*

Occupation, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

Industry or business in which work was done, as silk mill, cotton mill, bank, etc. *None*

11. Total time (years) spent in this occupation \_\_\_\_\_

PLACE (CITY OR TOWN) *Flat* STATE OR COUNTRY *Mo*

NAME *Morris C Odell*

BIRTHPLACE (CITY OR TOWN) *Iowa* (STATE OR COUNTRY)

MAIDEN NAME *Inez M Ross*

BIRTHPLACE (CITY OR TOWN) *Hortley Mo.* (STATE OR COUNTRY)

7. INFORMANT *R E Brewer* (ADDRESS) *Newburg Mo*

8. BURIAL, CREMATION, OR REMOVAL  
 PLACE *Hortley Mo.* DATE *Jan 28* 19 *38*

9. UNDERTAKER *Huffman* (ADDRESS) *Newburg, Mo.*

10. FILED *Feb. 9* 19 *38* *Alpha Capper* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 26* 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from *Prescribed 1-29-38* to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on *Jan. 23-* 19 *38*. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

*Lobar Pneumonia*

Date of onset

Other contributory causes of importance:

Name of operation *None* 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) *R E Brewer*, M. D.  
 (Address) *Newburg Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEX *M*  
 AGE *38*  
 OCCUPATION \_\_\_\_\_  
 CAUSE OF DEATH \_\_\_\_\_

*21*

*100*

*612*

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH