

REC'D APR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 100A  
City St. Joseph Mo (No. MO METHO HOSPITAL)

File No. \_\_\_\_\_  
Registered No. 10189  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Bedford Ia St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Bedford Iowa

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha O'Dell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-7-1900

7. AGE YEARS 37 MONTHS 9 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming +  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trucking -  
10. Date deceased last worked at this occupation (month and year) Mar. 14 - 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylor, County Iowa

FATHER 13. NAME Elmer O'Dell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Ohio

MOTHER 15. MAIDEN NAME Martha Damewood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylor County Ia

17. INFORMANT (ADDRESS) Sda O'Dell Unity Bur

18. BURIAL, CREMATION, OR REMOVAL PLACE New Market Iowa Mar. 20 1938

19. UNDERTAKER (ADDRESS) Leslie D Walker

20. FILED 3/19 1938 J. J. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14 1938 to Mar 17 1938  
I last saw him alive on Mar 17 1938 Death is said to have occurred on the date stated above, at 11:40 P.m.  
The principal cause of death and related causes of importance were as follows:

Peritonitis general  
General septicemia -  
Black -  
loss blood. 184  
34

Other contributory causes of importance:  
gun shot wound abd.  
perforation spleen +  
rt. kidney laceration colon

Name of operation Exploratory Date of Mar. 17  
What test confirmed diagnosis? Chemical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury Mar. 14 1938  
Where did injury occur? Bedford Iowa  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
In country while hunting  
Manner of injury gun shot wound abd.  
Nature of injury accidental

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) H. S. Sauer, M. D.

(Address) St. Joseph 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.

