

REC'D JUN 8 1938

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

Do not use this space.

1. PLACE OF DEATHCounty Howell

Township

City West Plains

(No. _____)

Registration District No. 384Primary Registration District No. 4237

File No.

18405

Registered No. _____

St. _____

Ward _____

2. FULL NAME Electa Odenbaugh351

(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**Fem**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Widow**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**S. J. Odenbaugh**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**May 3, 1864**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

731026

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.Housewife**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)****11. Total time (years) spent in this occupation**1**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Stark Co., Ill.

FATHER

13. NAMEDavid Ray

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)Unknown**15. MAIDEN NAME**"**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**"**17. INFORMANT (ADDRESS)**Irene Marshall
West Plains, Mo.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Mt. Zion DATE April 1, 1938**19. UNDERTAKER (ADDRESS)**Robertsons
West Plains, Mo.**20. FILED**May 13, 1938 Vida W. SIMONS
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** March 29, 1938**22. I HEREBY CERTIFY, That I attended deceased from**

_____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:

Patient found dead in bed.
From history given it is my
opinion she died of cardiac
valvular disease.

Date of onset

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? _____ 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) Ad. Thompson, M. D.344 (Address) West Plains, 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.

