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

REC'D JUL 11 1938

22235
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede
(b) Township Washington
(c) City
Registration District No. 449
Primary Registration District No. 512
Registered No.
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John I. O'Dell
(a) Residence, No. 340 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary C. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Decl 28 1867

7. AGE: Years 70 | Months 5 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.:
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): Laclede Co. Mo.

FATHER
13. NAME: Jonithan O'Dell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S.

MOTHER
15. MAIDEN NAME: Mary Calton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S.

17. INFORMANT (ADDRESS): R. C. O'Dell Lebanon Mo. Plato Rt.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washe Oak Pond DATE 6-17-38, 19

19. FUNERAL DIRECTOR (ADDRESS): Palmer8s Lebanon Mo.

20. FILED 6-17-38, 19 J. A. McCoub Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-15 ~~1938~~, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to June 9, 1938, I last saw him alive on June 9, 1938. Death is said to have occurred on the date stated above, at 3:40 m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset June 1-38

Other contributory causes of importance:

Name of operation none
What test confirmed diagnosis? Clinical Exam Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. Thompson, M. D.
(Address) Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)