

REC'D AUG 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County ClayRegistration District No. 198File No. 25068Township Fish SpringsPrimary Registration District No. 3011Registered No. 98City Excelsior Springs

St. _____ Ward _____

2. FULL NAME George Wiley Odell 3411(a) Residence, No. 116 Prospect St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ OR WIFE OF <u>Laura Etta Odell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16, 1861</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired farmer</u>	
	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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>		
MOTHER	13. NAME <u>Jackson Odell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Elizabeth Whitten</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Ralph Carothers</u> (ADDRESS) <u>Excelsior Springs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Odell Cemetery</u> DATE <u>July 13</u> <u>38</u>		
19. UNDERTAKER <u>Laure Richard</u> (ADDRESS) <u>Excelsior Springs Mo</u>		
20. FILED <u>July 13, 1938</u> <u>Laura M. Craven</u> Registrar. <u>180</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7-11</u> <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>July 7</u> , 19 <u>38</u> , to <u>July 11</u> , 19 <u>38</u> I last saw him alive on <u>July 11</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>10 A</u> m. The principal cause of death and related causes of importance were as follows: <u>Cystitis associated with hemorrhage into bladder</u> <u>127</u> Other contributory causes of importance: <u>enlarged prostate</u>
Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? <u>physical finding</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>No</u> 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? <u>No</u> If so, specify _____ (Signed) <u>L. M. Craven</u> M. D. (Address) <u>Excelsior Springs Mo</u>

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.

