DEC 9 SEP 9 1938

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

Do not use this space.

29568

1. PLACE OF DEATH

County New Madrid — Registration District No. 345 — File No.

Township Matthews — Primary Registration District No. 5800 — Registered No.

City Matthews (No. ..... St. ..... Ward)

2. FULL NAME Robert Carroll Odgen

(a) Residence, No. R.F.D #3 St., ... Ward. Matthews, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Odgen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Arkansas

FATHER

13. NAME John Odgen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) William Odgen Matthews, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harmony, Ark. DATE June 15 1938

19. UNDERTAKER (ADDRESS) R. H. Payne Portageville

20. FILED Aug 9 1938 Mildred Deane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14- 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1938 to June 1st 1938

I last saw him alive on June 1, 1938 Death is said to have occurred on the date stated above, at 6 A.M.

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

	Date of onset
Jacksonian Epilepsy	1938

Other contributory causes of importance: 8 Yr

Name of operation No Date of —

What test confirmed diagnosis? Clinical 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) Thomas C. McClure, M. D.

(Address) Sikeston, Mo

Exact statement of OCCUPATION is very important.