

FILED NOV 10 1942

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

Do not use this space.

33456

1. PLACE OF DEATH

County Carter Registration District No. 5
 Township Carter Primary Registration District No. 4087
 City (No. 211) St. _____ Ward _____

2. FULL NAME William Vernon O'Dell

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 1/4 ds. How long in U. S. (If nonresident, give city or town and State) 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 25, 1942</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, <u>5 1/2</u> hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carter Co. Missouri</u>
	13. NAME <u>Elva Le Roy O'Dell</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. Van Buren Mo.</u>
	15. MAIDEN NAME <u>Dora Belle Burnham</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carter Co.</u>
17. INFORMANT <u>Elva Le Roy O'Dell</u> (ADDRESS) <u>Van Buren, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Golbraith Cemetery</u> DATE <u>10-26</u> 19 <u>42</u>	
19. UNDERTAKER <u>Neighbor</u> (ADDRESS)	
20. FILED <u>Oct 26</u> 19 <u>42</u> <u>Mr. A. J. Smith</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 194222. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1942 to Oct. 26, 1942I last saw her alive on Oct. 26, 1942. Death is saidto have occurred on the date stated above, at 4 a. m.

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

Premature Twin Date of onset 10-25-42Other contributory causes of importance: 159

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Thelma Cotton Buckhage, M. D.(Address) Van Buren, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Date Filed _____
District File Number _____
District No. 5
District Officer No. 5
RECEIVED
RECEIVED
District File Number 1142969
Date Filed 11-9-42