

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

11807

## 1. PLACE OF DEATH

County WrightRegistration District No. 380Township UnionPrimary Registration District No. 6228City Union(No. 1113)File No. 1113Registered No. 1113St. Union Ward 1

## 2. FULL NAME

(a) Residence. No. Elizabeth Molinette Odell St. Union Ward 1

(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

41

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Enoch B Odell

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 27, 1863

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

7973

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Grove Spring

(STATE OR COUNTRY)

Wright Co Mo

## 10. NAME OF FATHER

Salomon Johnson

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

## 12. MAIDEN NAME OF MOTHER

Linda Todd

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

## 14.

INFORMANT

(Address)

J. H. HoughGrove Spring Mo

## 15.

FILED 2-4, 1948John M. Vestal

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 194317. I HEREBY CERTIFY, That I attended deceased from Jan 28 to Jan 29, 1943, that I last saw her alive on Jan 29, 1943, and that death occurred, on the date stated above, at 4 m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza with Bronchitis

(duration) ..... yrs. .... mos. .... ds.

## CONTRIBUTORY (SECONDARY)

(duration) 330 yrs. .... mos. .... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Hough, M. D., 1943 (Address) Grove Spring Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Bramhall Cem1-31 1943

## 20. UNDERTAKER

## ADDRESS

Gene E. HoldenHartsville Mo

RECEIVED

District Health Officer No. 61

District File Number 243-413

MAR 16 1943

Filed