

WHILE 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.

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

PLACE OF DEATH
County Jackson
Township Itan
Village _____
or _____
City Kansas City Mo (NO. 24274 Prospect St. _____ Ward _____)
Registration District No. 199 File No. 23193 ~~22203~~
Primary Registration District No. 1008 Registered No. 2462
FULL NAME Herbert Odell Jr. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>July 6, 1912</u> (Month) (Day) (Year)		
AGE <u>1</u> yrs. <u>0</u> mos. <u>17</u> ds.		IF LESS than: 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Child</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Kansas City Mo</u>		
PARENTS	NAME OF FATHER <u>Herbert H. Odell</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Canada</u>	
	MAIDEN NAME OF MOTHER <u>Stella Bateman</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Nevada Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-24, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 6, 1912, to July 24, 1912, that I last saw him alive on July 24, 1912, and that death occurred, on the date stated above, at 11.0 a.m.

The CAUSE OF DEATH* was as follows:
General disability
Mal-nutrition
158

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory General disability
Mal-nutrition
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. E. Riehl M. D.
7-24, 1912 (Address) 1825 Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL July 25, 1912
UNDERTAKER Mrs. C. L. Foster ADDRESS 918 Brooklyn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herbert H. Odell Jr.
(ADDRESS) 24274 Prospect
Filed 24 1912 H. J. Miller REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles*, (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Dr. J. E. Ruhl

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH
County Jackson
Township _____
or
Village _____
or
City Kansas City (No. 2427a. Prospect St.: _____ Ward)

Registration District No. 399 File No. 23193
Primary Registration District No. 1002 Registered No. 2462

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Herbert Odell Jr.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH July 6, 1912 (Month) (Day) (Year)
AGE _____ yrs. _____ mos. 12 ds. IF LESS than 1 day, _____ hrs. or _____ mins.

DATE OF DEATH July 24, 1912 (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from July 6, 1912, to July 24, 1912, that I last saw him alive on July 24, 1912, and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) child

Infantile atrophy
(Duration) _____ yrs. _____ mos. 10 ds.

BIRTHPLACE (City or town, State or foreign country) Kansas City Mo.

Contributory (SECONDARY) Gastroenteritis
(Duration) _____ yrs. _____ mos. 10 ds.

NAME OF FATHER Herbert H. Odell

(Signed) J. G. Rusk M. D.
7-24, 1912 (Address) 18 Brooklyn

BIRTHPLACE OF FATHER (City or town, State or foreign country) Canada

MAIDEN NAME OF MOTHER Stella Bateman

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Neada Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herbert H. Odell

Where was disease contracted If not at place of death?
Former or usual residence.

(ADDRESS) 2427a. Prospect

PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL July 25, 1912

Filed SEP 14 1912 W. S. Wheeler REGISTRAR

UNDERTAKER Mr. C. L. Foster ADDRESS 918 Brooklyn

N. B.—Every cause should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state plainly terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 24 1912 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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