

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

Do not use this space.

K. 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.

62  
JUL 26 1929

22037

1. PLACE OF DEATH —  
 County Madison Registration District No. 088  
 Township St. Michael Primary Registration District No. 572B  
 City (No. ....) St. .... Ward (No. ....)

2. FULL NAME Emma Marzella Oden  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
57 | 5 | 11

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) .....

9. BIRTHPLACE (CITY OR TOWN) Madison Co., Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm Anthony

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

14. INFORMATION (Address) Mrs La Mahuel Fredericksburg Mo

15. FILE NO. 620 29 REGISTRAR C. U. D. ...

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1929

17. I HEREBY CERTIFY, That I attended deceased from June 29, 1929 to June 30, 1929  
 that I last saw him alive on June 29, 1929, and that death occurred, on the date stated above, at 5:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Asthma  
92A  
112

CONTRIBUTORY Heart lesion valve  
 (SECONDARY) (duration) yrs. mos. da. 3

18. WHERE WAS DISEASE CONTRACTED Mo.

8. DID AN OPERATION PRECEDE DEATH? DATE OF ...  
 WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. H. Barron, M. D.  
7/6, 1929 (Address) Fredricksburg 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  
Pezah Cemetery Madison Co. 7/1 1929

20. UNDERTAKER ADDRESS  
Ed. Heeb Fredricksburg Mo

