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

Do not use this space.
25008

1. PLACE OF DEATH
County: Saline
Registration District No.: 796
Primary Registration District No.: 3038
Township:
City: Marshall (No. ..., ... St. ... Ward)

File No.:
Registered No.:

2. FULL NAME: James Monroe Odell

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 4, 1845

7. AGE: Years 86 | Months 9 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): Saline Co. Mo.

FATHER
13. NAME: Wm. M. Odell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Matilda Sandidge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Mr. Tom Vawter, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ridge Park Cem. DATE: July 21, 1932

19. UNDERTAKER (ADDRESS): Vandiver Mortuary, Marshall, Mo.

20. FILED: 8-4-1932 A. L. Pulliam, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan ..., 19..., to July 19, 1932
Last saw h. alive on July 18, 1932. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	1910

Other contributory causes of importance:

Name of operation: ... 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) A. Simmons, M. D.
(Address) Marshall Mo.

AUG 29 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.