

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

Do not use this space.

File No. *360*  
Registered No. *24157*  
City: \_\_\_\_\_ Ward: \_\_\_\_\_

1. PLACE OF DEATH  
County: *Boone* Registration District No. *318*  
Township: *Springfield* Primary Registration District No. *5439*  
City: *Springfield* (No. *111*)  
2. FULL NAME: *James Homer Odum*  
(a) Residence, No. *111* (Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-21*, 19*34*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) *Lela M Odum*

22. I HEREBY CERTIFY, That I attended deceased from *7-20*, 19*34*, to *7-21*, 19*34*.  
I last saw him alive on *7-20*, 19*34* Death is said

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

to have occurred on the date stated above, at *3 A.* m.

7. AGE: *about 55*  
YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: *Employee*  
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 \_\_\_\_\_

*Stroke*  
Date of onset *7-20-34*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

Other contributory causes of importance: *191*

13. NAME: *J B Odum*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME: *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *George M Odum*

18. BURIAL, CREMATION, OR REMOVAL PLACE: *Buff Park* DATE: *July 23*, 19*34*

19. UNDERTAKER (ADDRESS) *James G. Kelly & Sons*

20. FILED *7-24*, 19*34* Registrar: *Alfred W. Langston*

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) *O. C. Horst*, M. D.  
(Address) *430 South W Springfield 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.

AUG 8 1934

