MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 6572

Township Kaw — Primary Registration District No. 1002 — Registered No.

City K. C. Mo. (No. 2450, McCoy St. Ward)

2. FULL NAME Frederick M. Odom, Jr.

(a) Residence, No. 2450 McCoy St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Nora E. Odom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	26	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer- Armour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

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) Chillicothe, Mo.

FATHER

13. NAME Fred M. Odom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton, Mo.

MOTHER

15. MAIDEN NAME Mollie Pickens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osgood, Mo.

17. INFORMANT (ADDRESS) Mrs. Mollie Bolaski 2450 McCoy

18. BURIAL, CREMATION, OR REMOVAL PLACE Coral Hills DATE Feb 25 1937

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 2/22 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1936, to Feb 22, 1937

I last saw him alive on Feb 22, 1937. Death is said to have occurred on the date stated above, at 2.20 m. P.M.

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

	Date of onset
Cerebral Embolism	2/21/37
~~Mitral~~	
Rheumatic Heart Disease with Mitral Stenosis	?

Other contributory causes of importance:

92

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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) Charles E. Dees, M. D.

(Address) 530 Apple Way K. C. Mo.

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.