

REC'D SEP 7 1939

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

28977

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 225
(b) Township Saline Primary Registration District No. 3306
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

350 Jefferson Davis Odom
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mrs Alice Odom
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1861
7. AGE YEARS 77 MONTHS 10 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maxies Co. Mo.
13. NAME Robert Odom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Lydia Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
17. INFORMANT (ADDRESS) Mrs Alice Odom
Overton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clayton Cem DATE Aug 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Wagoner & Ball
Boonville Mo
W. B. Hatcher
Local Registrar.

20. FILED

Aug 16, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to Aug 11, 1939
I last saw him/her on Aug 8, 1939 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs
Date of onset 22

Other contributory causes of importance: 22

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

(Signed) A. L. Meredith M. D.

(Address) Praine House

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9/5/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed G. F. Bolley

Licensed Embalmer No. 3062

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.