

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

33341
Do not use this space.

REC'D OCT 16 1939

1. PLACE OF DEATH

(a) County Ray Registration District No. 743
 (b) Township Licking River Primary Registration District No. 6237
 (c) City _____ or _____
 (d) Street No. _____
 (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

DELBERT NEWTON O'DELL
 (a) Residence, No. Farm St. (If nonresident, give city or town and State)
 (Using 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 Christine O'Dell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29 - 1900
 7. AGE YEARS 39 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, 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) Dec 1937 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo
 FATHER 13. NAME Caleb O'Dell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo
 MOTHER 15. MAIDEN NAME Georgia Ann Titus
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo
 17. INFORMANT (ADDRESS) Christine Maude O'Dell
Excalibur Springs, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Garden DATE Sept. 2, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herbert Hooper
Excalibur Springs
 20. FILED Sept. 16, 1939 S. H. Libbert Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1939, to Aug 31, 1939
 I last saw him alive on Aug 28, 1939. Death is said to have occurred on the date stated above, at 12:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1936
 Other contributory causes of importance: nothing
 Name of operation _____
 What test confirmed diagnosis? Microscopic 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? no
 If so, specify _____
 (Signed) John T. Gracie M. D.
 (Address) Excalibur Springs, Mo

WHITE 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.

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