OCT 25 1927

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

Do not use this space.

12 30 am 9-30-
McCracken

File No. 26781

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs (No. ... St. ... Ward)

Registration District No. 198
Primary Registration District No. 3011
Registered No. 115

2. FULL NAME Anna Gene Odell

(a) Residence. No. 418 South 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 4-1927

7. AGE: Years X; Months 1; Days 26. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Excelsior Springs
(STATE OR COUNTRY) Clay Co Mo

PARENTS

10. NAME OF FATHER Andrew Odell
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ray Co Mo
12. MAIDEN NAME OF MOTHER Anna Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cedar City
(STATE OR COUNTRY) Callaway Co Mo

14. INFORMANT Andrew J Odell
(Address) Excelsior Springs Mo

15. FILED 9/30 1927 J.R. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-30 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1927, to Sept 30 1927, that I last saw her alive on Sept. 30, 1927, and that death occurred, on the date stated above, at 12 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Marasmus
(convulsion)

186
158

(duration) ... yrs. ... mos. 26 ds.

CONTRIBUTORY (SECONDARY) This child never did well from birth that is it would not retain its food
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical findings
(Signed) S.R. McCracken, M.D.
, 19 (Address) Excelsior Spgs Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Odell Cem Ray Co Mo
DATE OF BURIAL: 9-30 1927

20. UNDERTAKER: Hubert Hope
ADDRESS: Ex Springs.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ... should be carefully supplied.