

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

Do not use this space.

8880

1. PLACE OF DEATH

24 County Clay Registration District No. 198
 2 Township Dunnington Primary Registration District No. 3011
 4 City Excelsior Springs (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 37
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Oak Street St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ward O'Dell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1 - 1888</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>5</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	11. Total time (years) spent in this occupation <u>13 1/2</u>
	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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas Co.</u>		
MOTHER	13. NAME <u>R. G. Mc Coy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas Co.</u>	
	15. MAIDEN NAME <u>Lavery Ward</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	17. INFORMANT <u>Ward Odell</u> (ADDRESS) <u>Excelsior Springs</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Garden</u> , DATE <u>3-5</u> , 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Herbert Taylor</u> <u>Excelsior Springs Mo</u>		
20. FILED <u>3-7</u> , 19 <u>33</u> <u>J. O. Craven</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3, 1933

22. HEREBY CERTIFY, That I attended deceased from January, 1933, to Feb. 3, 1933.
 I last saw him alive on Mon. 1.21, 1933. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
3 or 4 yrs ago
beginning in lungs & heart
death limit a complication
of bronchitis liver kidneys
 Other contributory causes of importance:
at home

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 _____, 1933
 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) Chas P Barely, M. D.
 (Address) Excelsior Springs 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 OCCURRENCE is important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

APPROX 1933

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