

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

Do not use this space.

30142

1. PLACE OF DEATH

County Ray Registration District No. 743
 Township Quind Primary Registration District No. 5978
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Chas William Oden
 (a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/22/31</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>4</u>
	DAYS <u>12</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>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	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) <u>Monroe Ill Mo</u>		
FATHER	13. NAME <u>Ira Oden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sumner Mo</u>	
MOTHER	15. MAIDEN NAME <u>Sue Ann - Dorothy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Ill Mo</u>	
17. INFORMANT <u>Ira Oden</u> (ADDRESS) <u>Orrich Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner Mo</u> DATE <u>9/10</u> 19 <u>32</u>		
19. UNDERTAKER <u>C. D. Gibson</u> (ADDRESS) <u>Orrich Mo</u>		
20. FILED <u>9/14/32</u> 19 <u>32</u> <u>E. Ellis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1932 to Sept 10 1932
 I last saw him alive on Sept 8 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Enterocolitis
 1195 1197
 Other contributory causes of importance ①

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) E. Ellis, M. D.
 (Address) Orrich 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.

OCT 28 1932

