

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

Do not use this space.

37

**1. PLACE OF DEATH**

68 County Monitau  
Township Walker  
City Forest (No. 350)

Registration District No. 571  
Primary Registration District No. 5769

File No. 3478  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Forest Gley Odum 350

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF \_\_\_\_\_ (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
	<u>2</u>	<u>7</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monitau Co Mo

13. NAME George Odum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo

15. MAIDEN NAME Mollie Struges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co

17. INFORMANT (ADDRESS) George Odum  
Monitau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Kirk Cem DATE 1/2 1938

19. UNDERTAKER (ADDRESS) William T. Friedmeyer  
California Mo

20. FILED 1 - 2 1938 W. H. Pezoy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1938, to Jan. 1 1938

I last saw her alive on Jan. 1 1938. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 12/24/38

Other contributory causes of importance: 10  
Diphtheria 2 mo. ago.

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 \_\_\_\_\_, 1938

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? 3

If so, specify \_\_\_\_\_

(Signed) W. H. Pezoy (Address) California, 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.

RECEIVED

FEB 28 1938

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