

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

Do not use this space.

20099

1. PLACE OF DEATH

County Cape Co.
Township Pease
City (No.) St. Ward)

Registration District No. 131
Primary Registration District No. 5782

File No.
Registered No.

2. FULL NAME

Wm. Bode
(a) Residence No. P.O. # 3 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE MARRIED WIDOWED OR DIVORCED (after the world) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-7-28 19

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY That I attended deceased from July 6 1928, to July 6 1928, that I last saw him alive on July 3 40 P 1928, and that death occurred, on the date stated above, at 3 40 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 11 19

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Stroke
(Sun stroke)
191

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) " (c) Name of employer

CONTRIBUTORY (SECONDARY) 1914

9. BIRTHPLACE (CITY OR TOWN) Cape Co. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Herman Bode

DID AN OPERATION PRECEDE DEATH? No DATE OF

19. WAS THERE AN AUTOPSY? Yes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS Victory Hygnetrons (Signed) E. B. Smith M. D.

12. MAIDEN NAME OF MOTHER Kurrel

(Address) 7/7/1928 Cape Girardeau, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Co. (STATE OR COUNTRY)

*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.

14. INFORMANT Mrs. Fred Kelle (Address) Cape Girardeau

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Honors Cem. Cape Co. DATE OF BURIAL 6-9-28 19

15. FILED 6/15 1928 J. Miller REGISTRAR

20. UNDERTAKER Al. Binkoff ADDRESS Cape Girardeau 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.

