

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

Do not use this space.

9115

1. PLACE OF DEATH

County Schuyler

Registration District No. 8-05

Township Lancaster

Primary Registration District No. 4484

City Lancaster (No.)

File No.

Registered No. 7

St. Ward)

2. FULL NAME Georgie J. Bodkins

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male white single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19-1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

19 5 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Lancaster, Mo.

10. NAME OF FATHER

George Bodkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Lancaster, Mo.

12. MAIDEN NAME OF MOTHER

Neila Hurston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Lancaster, Mo.

14. INFORMANT Mrs Neila McMillian

(Address) Lancaster, Mo.

15. FILED Feb 6, 1925 J. V. J. Justice

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 - 1929

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., 19.....

that I last saw him alive on 19....., and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Failure
(cardiac of coronary artery)

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Influenza (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. J. Drake Coroner, M. D.

, 19 (Address) Lancaster, 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

DATE OF BURIAL

I. O. O. F Cemetery

Feb. 6 1929

20. UNDERTAKER

ADDRESS

John A. Roberts Lancaster 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.

