DEC 18 1929

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

Do not use this space.

36196

1. PLACE OF DEATH

County: Andrew — Registration District No.: 10 — File No.:

Township: — Primary Registration District No.: 4007 — Registered No.: 6

City: Cosby ~~Monroe~~ (No. 3½ Mi. So. E. of Cosby, Mo. St. Ward)

2. FULL NAME William F. Bodenhausen

(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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 5, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	0	17	

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:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co, Mo.

PARENTS

10. NAME OF FATHER: Frederick Bodenhausen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Caroline Vogel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. Dora Bodenhausen
(Address): Cosby, Mo.

15. FILED Nov. 22 1929 C. L. Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 22, 1929

17. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from on Nov. 22, 1929, to, 19, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 9:00 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by Hanging.

1155

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): None

(duration) yrs. mos. ds.

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Andrew Co.

(Signed) Dr. S. S. Bever, Coroner. ~~M.D.~~

Nov. 22, 1929 (Address) Amazonia, 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
Cosby Evangelical Cemetery	Nov, 24, 1929

20. UNDERTAKER	ADDRESS
Walter Meinhoffer	St. Joseph, 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.