

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

Do not use this space.

18490

1. PLACE OF DEATH

County..... Andrew
Township..... Monroe
City..... (No. 3 mi. So. of Cosby, Mo.)

Registration District No. 10
Primary Registration District No. 5013

File No.....
Registered No. 5
St. Ward)

2. FULL NAME

Caroline Elizabeth 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 64 yrs. mos. ds. How long in U.S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (<i>write the word</i>) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Frederick Bodenhausen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 1, 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>1</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At Home.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Christian Vogel

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT..... Henry A. Bodenhausen
(Address) Cosby, Mo.

15. FILED June 17, 1930 C. L. Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 17, 1930 19 30

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1930, 19 30 to June 17, 19 30 that I last saw h.er alive on June 16, 19 30 and that death occurred, on the date stated above, at 12.30 A.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

10.9
16.2 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Senility
(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) C. L. Allen, M. D.
June 17, 1930 (Address) Cosby, 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 <u>Cosby Evangelical Cemetery</u>	DATE OF BURIAL <u>June, 19, 1930</u>
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20. UNDERTAKER <u>Walter Meinhoffer</u>	ADDRESS <u>1302 Faraon St. St. Joseph, Mo.</u>
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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2.

JUL 21 1930

