

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

Do not use this space.

39659

1. PLACE OF DEATH

County Franklin
Township Independent
City Independence (No. 100)

Registration District No. 288
Primary Registration District No. 4172

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rommie 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 11 0 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Penn

13. NAME John Bodkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Alice Greer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs Jennie Bodkins
Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walt R. Ridge DATE 12/19/33

19. UNDERTAKER (ADDRESS) W. H. ...
Summit Mo.

20. FILED 12/18 1933 Thudugov
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-3-1933 to 12-14-1933
I last saw him alive on 12-14-1933. Death is said to have occurred on the date stated above, at 1:25 p.m.

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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? _____
If so, specify _____ (Signed) J. H. Keiser M. D.
(Address) Summit, Mo.

WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--Each 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.

15-1 JAN 2 1934

Department of OCCUPATIONAL SAFETY AND HEALTH

that it may be necessary to be carefully supervised.

DEATH in plant

USE OF SAFETY EQUIPMENT

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Dunklin Registration District No. 288
 Township Cenett Primary Registration District No. 4172
 City Cenett (No.) St. Ward (....)

2. FULL NAME Jessie Rodkins
 (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.

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 11 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Tenn

MOTHER FATHER
 13. NAME John Rodkin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 15. MAIDEN NAME Alice Rodkin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Jessie Rodkin
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wak Ridge DATE 12/19 1933

19. UNDERTAKER W. H. Gray
 (ADDRESS) Napans, Mo.

20. FILED 12-18-33 Wheeler Davis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-3-33 to 12-14-33 1933
 I last saw him alive on 12-14-33 1933 Death is said to have occurred on the date stated above, at 11:40 m.
 The principal cause of death and related causes of importance were as follows:
Starvation Pneumonia
Upper Rt.
 Date of onset

Other contributory causes of importance:
measles

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 19.....
 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?
 If so, specify f. H. Kelle M. D.
 (Signed) f. H. Kelle
 (Address) Wheeler Davis

very item of information, and be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain language so that it may be properly classified. Exact statement of OCCUPATION is very important. NO RECEIVING A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

39659