

FEB 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Shelby
 Township Centner
 City Centner (No.)

Registration District No. 830
 Primary Registration District No. 6095

File No. 3627-A
 Registered No. 6 St. Ward)

2. FULL NAME

(a) Residence, No. Joseph C. Bodine Ward.
 (Usual place of abode) Centner, Mo. (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 M. 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 Margaret Olive Bodine
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 - 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
54 1 18

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. Farm Work.
 10. Date deceased last worked at this occupation (month and year) 1933 1 31 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Elmore (STATE OR COUNTRY) Mo.

13. NAME David Bodine

14. BIRTHPLACE (CITY OR TOWN) Elizabethtown (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Mary Ann Mc Coy

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) Ohio

17. INFORMANT Wm. Joseph Bodine (ADDRESS) Centner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Jersey DATE Feb. 4 1934

19. UNDERTAKER E. E. Hapner (ADDRESS) Centner, Mo.

20. FILED Feb. 26, 1934 Mrs. R. H. Wailor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1934

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.

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

'Accident' killing.
Automobile on icy
slippery pavement
on turning over
on High Way No 36

Other contributory causes of importance:

Inquest deemed unnecessary

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 Accident Date primary 1/31, 1934

Where did injury occur? Shelby to Centner, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On State Highway Hg 36

Manner of injury fractured skull

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George J. Swan

(Address) Centner, 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.

