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

MAY 31 1935

Do not use this space.

13573

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 127

City Hannibal (No. , St. Ward)

St. Elizabeth Hospital

2. FULL NAME Henry Gerhardt Bode

(a) Residence, No. West Ely, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	7	17	

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) Germany

FATHER

13. NAME No record

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

MOTHER

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) Mrs. Wesley Fible West Ely, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Ely, Mo. DATE 4/25/35, 19

19. UNDERTAKER (ADDRESS) Lewis Brow Palmyra, Mo.

20. FILED Apr 24 1935 R. H. Ishiste Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1935, to April 23, 1935

I last saw him alive on April 23, 1935. Death is said to have occurred on the date stated above, at 5:05 a.m.

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

Cerebral Embolis

Date of onset

Other contributory causes of importance:

Chronic myocarditis

Senility

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] 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

(Signed) [illegible] M. D.

(Address) [illegible] 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.

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[illegible]