

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

DEC 19 1935

36519

1. PLACE OF DEATH

County Laclede Registration District No. 449
Township Lebanon Primary Registration District No. 4267
City Lebanon (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Richard R. Bodie

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Bates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25th 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 9 28

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

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) Kansas City Mo.

13. NAME Richard H. Bodie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

15. MAIDEN NAME Mary M. Moon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska Mo.

17. INFORMANT Mrs. R. H. Bodie
(ADDRESS) 2739 Olive R.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Mo. DATE _____ 19____

19. UNDERTAKER Palmer Funeral Co.
(ADDRESS) Lebanon Mo.

20. FILED 12-24-35 J. A. McComb
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Nov 23, 1935
I last saw him alive on Nov 23, 1935 Death is said to have occurred on the date stated above, at 11. P. M.

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

Chronic alcoholism Date of onset Oct

Other contributory causes of importance:

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 same
Nature of injury same

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Richard H. Bodie, M. D.
(Address) Lebanon Mo.

