

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.

42260

1. PLACE OF DEATH

County Vernon Registration District No. 875
 Township Center Primary Registration District No. 3039
 City Nevada (No.) St. Ward

2. FULL NAME

Mrs. John Bodle
 (a) Residence, No. 1122 E. Walnut 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 female 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 John Bodle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30th 1859

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>73</u>	<u>3</u>	<u>23</u>		

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

13. NAME Solomn Franklin Bogard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Mary Baker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs. Al Gardner, Sheldon, Mo
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon Cemetery No. 12-23-35

19. UNDERTAKER Ferry Funeral Home
 (ADDRESS) Nevada, Mo

20. FILED Dec 23, 1935 M. C. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1935, to Dec 22, 1935
 I last saw her alive on Dec 22, 1935. Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cardiac Asthma
Advanced age
 Other contributory causes of importance: None
 Name of operation None Date of
 What test confirmed diagnosis? Physical Exam Were 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) J. H. Loo, M. D.
 (Address) Nevada, Mo

