

JUN 25 1936

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

Do not use this space.

16637

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Leadwood (No. _____)

Registration District No. 33
Primary Registration District No. 694B

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME

Nellie Elizabeth Bodine

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Benjamin Bodine

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1904

8. AGE YEARS 32 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
11. 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) Mo

13. NAME Wm Kay

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

15. MAIDEN NAME Martha Hulsey

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

17. INFORMANT Clair Scott
(ADDRESS) Leadwood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia DATE April 11, 1936

19. UNDERTAKER J. S. Boyer
(ADDRESS) Leadwood, Mo

20. FILED 4/10 1936 W. E. Lubbock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1936, to Apr. 9, 1936. I last saw her alive on Apr. 8, 1936. Death is said

to have occurred on the date stated above, at 7 A. m.

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

Pneumonia (lobar)

Other contributory causes of importance: Influenza

Name of operation None 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 _____

(Signed) Arnold Granbery, M. D.
(Address) Leadwood Mo

WRITE PAINLY, 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.

