

SEP 29 1936

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

Do not use this space.

30822

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City (No. 3013 Denver)File No. 3016Registered No. 3016

St. _____ Ward _____

2. FULL NAME

Mrs Leona Bodmer(a) Residence, No. 3013 Denver 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1857

7. AGE YEARS 79 MONTHS 5 DAYS 18 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Illinois13. NAME Prosper Machaur14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Grandson
3013 Denver

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brooking Cem DATE 8-6-36 19. _____19. UNDERTAKER (ADDRESS) Melody-McGill
Kansas City, Mo20. FILED Aug 26 1936 M. M. Corwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 193622. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to Aug 3, 1936I last saw her alive on Aug 3, 1936. Death is saidto have occurred on the date stated above, at 6:00 a.m.

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

General hemorrhageDate of onset Aug. 1-36

Other contributory causes of importance:

Chronic Hypertension of 5 or 6 years duration
Arterio Sclerosis

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 _____

Nature of injury _____

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

If so, specify _____

(Signed) Arthur A. Hobbs, M. D.(Address) 3321 E 30 1/2 st
Kansas City 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.

