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

APR 20 1937

Do not use this space.

File No. 12203

Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No. 408

Township: — Primary Registration District No. 3020

City: Carthage (No. ..... St. ..... Ward)

2. FULL NAME: Joyce Bodley

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

Length of residence in city or town where death occurred 30 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: Jas. Bodley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 18 1894

7. AGE: Years 43 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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 COUNTY): Seymour, Missouri

FATHER

13. NAME: H. L. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Seymour, Missouri

MOTHER

15. MAIDEN NAME: Addie Ford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Wright County, Missouri

17. INFORMANT (ADDRESS): Jas. Bodley, 1839 S. Main, Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Cemetery DATE: Mar. 28, 1937

19. UNDERTAKER (ADDRESS): Kruger Mortuary, Carthage, Missouri

20. FILED: Mar. 28, 1937 L. B. Clinton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1929, to Mch 25, 1937

I last saw her alive on Mch. 25, 1937. Death is said to have occurred on the date stated above, at 4:45 p. m.

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

	Date of onset
(1) Endocarditis, chronic Mitral & Aortic	1927
(2) Hypertension, chronic	1936
(3) Nephritis, chronic	1935
(4) Uremia, acute	Mch 1937

Other contributory causes of importance:

13

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. 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? .....

If so, specify .....

(Signed) Emery J. McPherson, M. D.

(Address) Carthage 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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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