

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County RANDOLPH
Township
City MOBERLY

Registration District No. 735
Primary Registration District No. 3034
(No. Woodland Hospital)

File No. 28174
Registered No. 181
St. _____ Ward _____

2. FULL NAME

THOMAS V. BODINE

(a) Residence, No. _____
(Usual place of abode)

St. PARIS, MO.
nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. Four hours How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 14, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. EDITOR-NEWSPAPER
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) JULY 1937 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PARIS MO.

MOTHER 13. NAME MARTIN BODINE

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

15. MAIDEN NAME ELIZA VAUGHN

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

17. INFORMANT (ADDRESS) PAUL ALEXANDER PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE, PARIS, MO. DATE JUL 31 1937

19. UNDERTAKER (ADDRESS) SPEED & BLAKEY PARIS, MO.

20. FILED 7-30 1937 Scheel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 29 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29 9:25 PM 1937 to July 29 9:50 PM 1937
I last saw h. alive on July 29 1937. Death is said to have occurred on the date stated above, at 9:50 P. m.

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

Chronic myocarditis
Date of onset ?
Other contributory causes of importance: ✓

Name of operation NO 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? NO
If so, specify _____
(Signed) R.D. Stretter M. D.
(Address) Moberly, 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.

