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.

JY 18 1937

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

Do not use this space.

36764

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. [illegible]

Township Kaw — Primary Registration District No. — Registered No. [illegible]

City Kansas City, Mo (No. , St. Marys Hospital St. Ward)

2. FULL NAME Mrs. Grace Bodley

(a) Residence, No. 4750 Bernice St. St., Ward. Johnson Co Kans
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
55	3	25	

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 COUNTRY) Springfield, Ohio

FATHER

13. NAME John C. Chase

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

MOTHER

15. MAIDEN NAME Mary F. Aldrich

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

17. INFORMANT (ADDRESS) Mr. Judson Bodley 4750 Bernice St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cemetary DATE 10-19 1937

19. UNDERTAKER (ADDRESS) Gates Funeral Home 41st & State Line

20. FILED 10-19 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1937, to Oct 17, 1937

I last saw her alive on Oct 16, 1937. Death is said to have occurred on the date stated above, at 4 30 a m.

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

	Date of onset
Monomuleas Leukemia	
Gangrenous Stomatitis	Oct 6-37
72a	

Other contributory causes of importance:

Hypostatic pneumonia	Oct 16-37

Name of operation — Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? yes

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) D F Hogan, M. D.

(Address) 415 Argyle Bldg K C Mo