JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Iron — Registration District No. 391 — File No. 45551
Township Arcadia — Primary Registration District No. 4230 — Registered No. 67
City Ironton (No. ..... St. ..... Ward)

2. FULL NAME Mackaway Bodkins.
(a) Residence, No. Greely Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
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: Mary Cavicy, Bodkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 9 1879
7. AGE: YEARS 58 — MONTHS 9 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 1
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): Rey Co. Missouri 1

FATHER
13. NAME: Jim Bodkins 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 2

MOTHER
15. MAIDEN NAME: ~~Mk~~ Lucy Weible.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Rey Bodkins. Black Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Centerville Mo DATE Dec 26 1937
19. UNDERTAKER (ADDRESS): Norman White & Son Ironton Mo.
20. FILED Jan 3 1938 R. A. Rasch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 24, 1937
22. I HEREBY CERTIFY, That I attended deceased from December 23, 1937, to December 24, 1937
I last saw him alive on December 24, 1937. Death is said to have occurred on the date stated above, at 9:05P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
lobar pneumonia	

Other contributory causes of importance: 108

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? no
If so, specify
(Signed) Geo. Gay 1, M. D.
(Address) Ironton, Missouri

WRITE PLAINLY, 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.

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