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.

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County: Dunklin — Registration District No.: 1102 — File No.: 7728

Township: Boscobo — Primary Registration District No.: 25870 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME: Bobbie Rodenmund Rodenmund

(a) Residence, No. (Usual place of abode): Boscobo St., Mo Ward. (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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant (Still birth)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 30, '37

7. AGE — YEARS: Still birth — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

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): Boscobo, Mo

FATHER

13. NAME: William Louis Rodenmund

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md.

MOTHER

15. MAIDEN NAME: Shirley Ann Gress

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bifferstan Mo.

17. INFORMANT (ADDRESS): Father William Rodenmund

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Ingram Ridge DATE: Dec. 31, 1937

19. UNDERTAKER (ADDRESS): Spindler

20. FILED: 3/7 1938 Mrs T. R. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1937, to Dec. 30, 1937

I last saw h.... alive on Still birth, 19.... Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Still birth — Date of onset

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? STS 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) A H Shirey, M. D.

(Address) Hayti, Mo.