

NOV 14 1939

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

36841

Do not use this space.

1. PLACE OF DEATH

- (a) County Dunklin Co. MO Registration District No. 4099
(b) Township Little River Primary Registration District No. V-868
(c) City or Portageville MO (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- (a) Residence, No. Joyce Bodkins St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-6-1939</u>		
7. AGE	YEARS	MONTHS
	<u>5</u>	<u>19</u>
		DAYS
		<u>19</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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) <u>Portageville MO</u>		
FATHER	13. NAME <u>Clarence Bodkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville MO</u>	
MOTHER	15. MAIDEN NAME <u>Mary Magdalen Bradshaw</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville MO</u>	
17. INFORMANT (ADDRESS) <u>Clarence Bodkins Portageville MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portageville MO</u> DATE <u>10 26 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>A. M. Payne Portageville MO</u>		
20. FILED <u>11-10</u> 19 <u>39</u> <u>J. R. Blumery</u> 576 Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1939 to Oct 25 1939
I last saw him alive on Oct 24 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Bacillary Dysentery Date of onset 10-18-39

Contributory causes of importance: 12 h

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinua Was there an autopsy? no

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) John J. Killian M. D.
(Address) Portageville MO

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.