

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

PLACE OF DEATH

County Jasper Registration District No. 412 File No. 2021
 or Jasper Primary Registration District No. 3021 Registered No. 10
 Village _____
 or _____
 City Webb City (No. 609 North Devon St.: _____ Ward) _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mrs. Ida Bodine

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
DATE OF BIRTH <u>September 6th</u> , 18 <u>82</u> , (Month) (Day) (Year)		
AGE <u>28</u> yrs. <u>4</u> mos. <u>6</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>g-o</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Webb City Mo.</u>		
PARENTS	NAME OF FATHER <u>Jerry Stone</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>	
	MAIDEN NAME OF MOTHER <u>Susan Hutchinson</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. Lizzy Bryan
 (ADDRESS) 609 N. Devon
Webb City Mo.
G. H. Baird
 Filed Jan 15 1911 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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DATE OF DEATH January 12th, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 9th, 1911, to Jan. 11th, 1911, that I last saw her alive on Jan 11th, 1911, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Pneumonitis
(Pneumeral)
145A
127 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
 (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) G. H. Baird M. D.
Jan. 14th 1911 (Address) Webb City, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Fairview - Joplin</u>	DATE OF BURIAL <u>Jan. 15th</u> 19 <u>11</u>
UNDERTAKER <u>J. T. Steel Ind. Co.</u>	ADDRESS <u>Webb City Mo.</u>

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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