

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

Do not use this space.

10126

1. PLACE OF DEATH

County Dickinson
Township Adams
City (No.), (Ward)

Registration District No. 263
Primary Registration District No. 5365

File No. 8
Registered No. 8
St. Ward)

2. FULL NAME Hazel E. Bodine

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Using the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eli Bodine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 11 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greenville Ind.
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Lyman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amanda Huli

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

14. INFORMANT Eli Bodine
(Address) Weatherby Mo

15. FILED 3/20 1929 J. F. Hedrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-10 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 26, 1928 to March 10, 1929, and that I last saw him alive on March 10, 1929, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Tuberculosis pulmonary
239
12913

CONTRIBUTOR (SECONDARY) Salpingitis bilateral
(duration) 5 yrs. mos. da.
(?)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Johnson, M. D.
3/11 1929 (Address) Maysville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hopewell Cemetary DATE OF BURIAL 3/12 29

20. UNDERTAKER U.G. Pilcher Maysville Mo ADDRESS

APR 24 1929
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.
56-10-21
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