

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

Do not use this space.

33828

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 131
 Township Randall Primary Registration District No. 5782
 City (No. _____) St. _____ Ward _____

2. FULL NAME Louis Jerome Bodine
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2, 1892

7. AGE YEARS MONTHS DAYS 99 | 1 | 24 | 5 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Notches
 (STATE OR COUNTRY) Mississippi

10. NAME OF FATHER David Knowlton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
 (STATE OR COUNTRY) St. Louis, Mo.

12. MAIDEN NAME OF MOTHER David Knowlton

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

14. INFORMANT Wm. Knorr
 (Address) Rt 1 Cape Girardeau Mo

15. FILED at a J. C. Elmer Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 19 31

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Oct 7, 1931, that I last saw him alive on Oct 7, 1931, and that death occurred, on the date stated above, at 55 W. 1st St.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Bronchial Pneumonia
 (duration) yrs. mos. ds. 5 ds.

CONTRIBUTORY (SECONDARY) General Scurvy
 (duration) yrs. mos. ds. _____

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) O. J. Miller, M. D.
 , 19 31 (Address) Eqypt Mills 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 Grave Cemetery DATE OF BURIAL Oct 9 1931

20. UNDERTAKER Hanna Funeral Home ADDRESS Cape Girardeau Mo

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.

NOV 23 1931

