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

Do not use this space.

18892

File No.
Registered No. 129

1. PLACE OF DEATH
County Cape Girardeau
Township Cape Hubble
City Gordonville (No. So. E. Mo. Hospital St. Ward)
Registration District No. 125
Primary Registration District No. 3009

2. FULL NAME Hy Bodenstein
(a) Residence, No. S. E. Mo Hospital Ward. Gordonville Mo
(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): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Kester.
6. DATE OF DATE (MONTH, DAY, AND YEAR): Oct 3 1864
7. AGE: Years 69 Months 8 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer.
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): Gordonville Mo.

FATHER
13. NAME: Wm Bodenstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known. 51

17. INFORMANT (ADDRESS): Mrs Hy Bodenstein. Gordonville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Christ Full Cemetery June 12 1932
19. UNDERTAKER (ADDRESS): McCombs F. & U. Co. Jackson Mo.
20. FILED 6 9 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7th 1932
22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1932, to June 7th, 1932.
I last saw him alive on June 7th, 1932. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic condition due to an acute abdominal abscess	June 4th 1932

Other contributory causes of importance: Arterio Sclerosis Mitral regurgitation

Name of operation: Laparotomy Date of June 6 32
What test confirmed diagnosis? Surg. find. 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) G. B. Schultz, M. D.
(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.

JUL 22 1932

[illegible]