

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

Do not use this space.

20889

AUG 16 1927

1. PLACE OF DEATH

County Carroll Registration District No. 1-35
 Township Primary Registration District No. 3010
 City Carrollton (No.) St. Ward (.....)

File No.
 Registered No. 60
 St. Ward (.....)

2. FULL NAME

Rhoda M. Kilpatrick
 (a) Residence. No. 102 E. Piney 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Harry H. Kilpatrick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-19-1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 11 4

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

9. BIRTHPLACE (CITY OR TOWN) Cairo
 (STATE OR COUNTRY) Nebraska

10. NAME OF FATHER Josiah Brown

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

12. MAIDEN NAME OF MOTHER Elizabeth Mann

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

14. INFORMANT Harry H. Kilpatrick
 (Address) Carrollton Mo.

15. FILED 7-24 1927 ma E E Farnham
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unknown to the family
Found dead in bed

2000 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 20515 (duration) yrs. mos. da.

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

4 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. A. Dickerson coroner M. D.
7-24 1927 (Address) Bozard 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 Oak Hill Cemetery DATE OF BURIAL 7-24 1927

20. UNDERTAKER Willie Proathens ADDRESS Carrollton Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

