

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

Do not use this space.

Hickerson  
13144

1. PLACE OF DEATH

County Jackson  
Township Blair  
City Independence

Registration District No. 398  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 140  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Isabel Rothrock Rhodes

(a) Residence No. 1220 So. Main St., \_\_\_\_\_ Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Dennis Ashby Rhodes

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

Nov. 27-1850

7. AGE

78

YEARS

MONTHS

0

DAYS

17

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

\_\_\_\_\_

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bellefonte, Pa.

(STATE OR COUNTRY)

10. NAME OF FATHER

Wm. Rothrock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Bellefonte, Pa.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Thurston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Calidonia, Pa.

(STATE OR COUNTRY)

14.

INFORMANT Gertrude E. Rhodes  
(Address) 1220 So. Main St.

15.

FILED 4-17-28 F. F. COOK  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr 8 1928

17.

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1928, to Apr 8, 1928 that I last saw h. s. alive on Apr 8, 1928, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer Stomach

44 W

(duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Broncho Pneumonia

(duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?  DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

clinical

(Signed) J. C. Hickerson, M. D.

Apr 9, 1928 (Address) Independence 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

DATE OF BURIAL

South Point, Pa. Mo. April 11-1928

20. UNDERTAKER

ADDRESS

O'Donnell and Mitchell Independence 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.

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