N 4 1928

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

Do not use this space.

14497

1. PLACE OF DEATH

County Ray — Registration District No. 744 — File No.

Township Richmond Mo. — Primary Registration District No. 3035 — Registered No. 39

City Richmond (No. ..... St. ..... Ward)

2. FULL NAME John. D. Rhoades

(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/15/1857

7. AGE: 70 YEARS — MONTHS: 7 — DAYS: 3 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co Mo.

PARENTS

10. NAME OF FATHER Fantley Rhoades
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Sarah Stice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo.

14. INFORMANT Mrs Frona Leasure (Address) Richmond Mo.

15. FILED 4/20, 1928 R. L. Hamilton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/18/28 19

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1927, to Apr 18, 1928 that I last saw him alive on Apr 18, 1928, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Incompetency

About (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Bright Disease (duration) yrs. two mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John McNeish, M. D

4/19, 1928 (Address) Richmond 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: City Cem. — DATE OF BURIAL: 4/19/28 19

20. UNDERTAKER: T. R. Maessen — ADDRESS: Richmond 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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD