

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

Do not use this space.

27055

1. PLACE OF DEATH

County Green Registration District No. 325 File No. _____
Township Walnut Grove Primary Registration District No. 5450 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Charles Alexander Rodman,

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Aminda Adkins
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aminda Elizabeth Adkins
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 27th 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 | 4 | 4 | _____

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

9. BIRTHPLACE (CITY OR TOWN) Dana
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER James Rodman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Elizabeth Rodwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bullerton, Co.
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs Frank Longeneir
(Address) _____

15. FILED 9-1, 1928 L.E. Noble
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-31-28
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
10th _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) HTA _____ 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? _____
WHAT TEST CONFIRMED DIAGNOSIS Chemical exam
(Signed) Jewell E. Wendle, M.D.
9-1-28 (Address) Springfield 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 Walnut Grove Mo DATE OF BURIAL 9-2 1928

20. UNDERTAKER J.A. Brim & Sons ADDRESS Walnut Grove

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHU. Exact statement of OCCUPATION if S should state important. Exact statement of OCCUPATION if S should state important.

25 SEP 25 1928

RECORD PHU.

PARENTS

