

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

Do not use this space.

30733

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 309  
 Township Kearney Primary Registration District No. Research Hds  
 City Kansas City, Mo. St. Mo. Ward   
**2. FULL NAME** Wm. J. Rhynalds  
 (a) Residence No. Fairburg 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. 10 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** Addie Rhynalds  
**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Aug 8 - 1867  
**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 ✓ 26 11 1/2  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Lawyer 117B  
 (b) General nature of industry, business, or establishment in which employed (or employer) 97A  
 (c) Name of employer

**9. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Ells  
**10. NAME OF FATHER** Josh Rhynalds  
**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) (STATE OR COUNTRY) not known  
**12. MAIDEN NAME OF MOTHER** not known  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) (STATE OR COUNTRY) not known

**14. INFORMANT** Mrs Addie Rhynalds  
 (Address) Fairburg, Mo.  
**15. FILED** 9/30, 1928 M. M. Corowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Sept 29 1928  
**17. I HEREBY CERTIFY**, That I attended deceased from Sept 19th to Sept 29th 1928  
 that I last saw him alive on Sept 29, 1928, and that death occurred, on the date stated above, at 8:40 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Perforating ulcer of  
antrum of stomach - probable  
embolism (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** H/O 2  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** H/O 2  
 IF NOT AT PLACE OF DEATH.....  
**1 DID AN OPERATION PRECEDE DEATH?** Yes DATE OF Sept 26, 28  
**WAS THERE AN AUTOPSY?** no  
**WHAT TEST CONFIRMED DIAGNOSIS?** Albert J. Maris, M.D.  
 (Signed) 9/29, 1928 (Address) Reliance Bldg.

\*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** Fairburg, Mo. **DATE OF BURIAL** Sept 30 1928  
**20. UNDERTAKER** John W. Wagner 1409 Grand Ave  
 ADDRESS

WHITE PLAINLY, WITH UNFADING INK

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.

WRITE IN THE LEFT MARGIN  
DO NOT WRITE IN THE MIDDLE MARGIN  
DO NOT WRITE IN THE RIGHT MARGIN

WINTER 1965

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

ALL INFORMATION REQUESTED  
HEREIN MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County.....  
Township.....  
City..... *N. City* (No.....)

Registration District No. *399*  
Primary Registration District No. *1002*

File No.....  
Registered No. *3987*  
St..... Ward.....

**2. FULL NAME**

*M. J. Phynolds*

(a) Residence. No..... (Usual place of abode) St..... Ward..... (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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>M</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug 8-1867</i>		
7. AGE YEARS <i>61</i>	MONTHS <i>11</i>	DAYS <i>21</i>
IF LESS than 1 day, ..... hrs. or ..... min.		

**8. OCCUPATION OF DECEASED**

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

<b>PARENTS</b>	10. NAME OF FATHER
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address).....

15. FILED *9/20 28* *M. M. Brown* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 29 1928*  
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:**

CONTRIBUTORY (SECONDARY)..... (duration)..... yrs. mos. ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed)....., M. D.  
..... 19 (Address)

\*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 19.....
20. UNDERTAKER	ADDRESS

WRITE PLAINLY, WITH UNFADING INK... THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PRESENT AND USUAL OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-30733