

JAN 22 1929

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

Do not use this space.

39793

1. PLACE OF DEATH

County Cass Registration District No. 150
Township Shrewsbury Primary Registration District No. 5914
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Edmond Rathrock

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

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4 1928

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

17. I HEREBY CERTIFY That I attended deceased from Nov 5 to Nov 4 1928
that I last saw her alive on Nov 3, 1928 and that death occurred, on the date stated above, at 4 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7 1865

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral thrombosis
46.5

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 27 -

CONTRIBUTORY (SECONDARY) 44 a
(duration) yrs. mos. da.

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

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

9. BIRTHPLACE (CITY OR TOWN) Washington Co. Miss.
(STATE OR COUNTRY) _____

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER John Rathrock

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E M Griffith, M. D.
, 19 (Address) Chelyton Mo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY) _____

*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.

12. MAIDEN NAME OF MOTHER Elizabeth Keener

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

14. INFORMANT (Address) Mrs J W Lawrence
Chelyton Mo
15. FILED Dec 8 1928 Mrs J R Lyle REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shrewsbury DATE OF BURIAL Dec 5 1928

20. UNDERTAKER R B Arnold ADDRESS Chelyton 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.

