

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

Do not use this space.

40891  
5208

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Raw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Mercy Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Norma Ruth Rhodes

(a) Residence. No. 3003 Woodland St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
7 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Sullivan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Detroit, Michigan

12. MAIDEN NAME OF MOTHER Viola Rhodes

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

14. INFORMANT Viola Rhodes  
 (Address) 3003 Woodland

15. FILED 12/19/28 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Dec 19, 1928, that I last saw h.c. alive on Dec 19, 1928, and that death occurred, on the date stated above, at 2/45 S.O.P.

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

Otitis Media  
10787  
89 P. Pneumoniae  
 (duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) 1000  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: Presumed Home

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS: Chemical Signs  
 (Signed) E. J. Ferguson, M. D.  
17, 1928 (Address) 711 Rutledge

\*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 Highland Park DATE OF BURIAL Dec 20 1928

20. UNDERTAKER John J. Sheehan ADDRESS K. C. Mo.

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

