B 21 1929

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.

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

Do not use this space.

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1. PLACE OF DEATH
County: Buchanan — Registration District No.: 86 — File No.: 7
Township: Washington — Primary Registration District No.: 5127 — Registered No.: 7
City: ~~XXXXXXXX~~ (No. County Infirmary St. Ward)

2. FULL NAME: Edward V. Rode
(a) Residence. No. 2110 No. 2nd. St. St., Ward. (Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 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: Mary Rode

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Abnt 74 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Fire Chief,
(b) General nature of industry, business, or establishment in which employed (or employer): Leadville, Colo. Retired 15 Yrs.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Records, Co. Infirmary

15. FILED Jan 16 1929 J. J. Bansbach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan, 12, 1929 19

17. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from on Jan, 12, 1929, to ..... 19..... that I last saw him alive on Jan 11, 1929, and that death occurred, on the date stated above, at 5.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myocarditis and Leakage of Valves, 97.6 930
unknown (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2110 No. 2nd St. St. Jos. Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. T. Stamey, M. D
1/15, 1929 (Address) 2624 St Joseph Ave

*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: Mt. Mora Cemetery — DATE OF BURIAL: Jan, 16, 1929

20. UNDERTAKER: Walter Meinhoff — ADDRESS: 1302 Faraon St.