

103

JAN 28 1929

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

Do not use this space.

5053

1. PLACE OF DEATH

County Stoddard
Towship Advance
City Advance (No.)

Registration District No. 834
Primary Registration District No. 6097

File No.
Registered No. 44
St. Ward)

2. FULL NAME

William Albert Rhodes

(a) Residence. No. St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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

Jda May Rhodes

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

9-11-27-1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

4

6

8. OCCUPATION OF DECEASED

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

Farmer

(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)

Acquilla Missouri

10. NAME OF FATHER

Francis Rhodes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown Missouri

12. MAIDEN NAME OF MOTHER

Jess Lippitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown Missouri

14.

INFORMANT

(Address)

Y. Asa Rhodes Advance Missouri

15.

FILED 1-10-1929

N. McKearly

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 2 1929

17.

I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Jan 1, 1929.

that I last saw him alive on Jan 1, 1929, and that death occurred, on the date stated above, at 6:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) A. M. Murphy, M. D.

1-10-1929 (Address) Cape Girardeau 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

DATE OF BURIAL

Pleasant Hill Cemetery Jan 3 1929

20. UNDERTAKER

ADDRESS

W. C. Knight Advance Mo.

