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

Do not use this space. 24694

D 3106

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. Registered No.
City Kansas City, Mo. (No. U S Veteran Hospital St. Ward)

2. FULL NAME RHOADS, Ezra C-None WOE
(a) Residence. No. 2627 Garfield Ave., St., 4 Ward. 33rd Mo. Vol. Corps.
(Usual place of abode) Kansas City, Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs Arlena B Rhoads

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24, 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	87	3	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(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) Illinois

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

14. INFORMANT Mrs E.U. Harbaugh (Daughter)
(Address) 2916 Charlotte, K.C.Mo.

15. FILED 7/16 1929 M M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1929 to July 15, 1929 that I last saw him alive on July 15, 1929 and that death occurred, on the date stated above, at 1:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Artero-sclerosis; 131
Myocarditis, chr. 130
Nephritis Interstitial, chr. 69
(duration) yrs. 3 mos. ds.

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

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? Lab. & X-ray

(Signed) W.E. Chambers, M. D.
W.E.CHAMBERS, Medical Officer in Charge.
(Address) U.S.V.Hospital, Kansas City, 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 Forest Hill Cem — DATE OF BURIAL 7-16 1929

20. UNDERTAKER Freeman Mortuary — ADDRESS K C Mo 104 W 42nd St.

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD