

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

Do not use this space.

34664

1. PLACE OF DEATH

County Pettis
Township Lamar
City Lamar

Registration District No. 6678

Primary Registration District No. 5888

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Louisa Rhodes Yaw

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Eastman Yaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 10 1

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Geo Rhodes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Elizabeth Crowder

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

14. INFORMANT (Address) Mrs John Adeock, Frank Foster Mo.

15. FILED Oct 15, 1929 B & Oyer

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1929, to Oct 11, 1929, that I last saw him alive on Oct 7, 1929, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the Stomach

CONTRIBUTORY (SECONDARY) 4 to 6 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

0 Did an operation precede death? No DATE of _____

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) J. E. Porter, M. D.

*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 Wampler Cem. DATE OF BURIAL 10-13 1929

20. UNDERTAKER E. B. Saults, Prof. W. Water ADDRESS _____

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.

WHILE FILLING OUT THIS FORM, WITH REGARDING THIS IS A PERMANENT RECORD

