54

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

Do not use this space.

112

1. PLACE OF DEATH
County Bates
Township Osage
City Rich Hill (No. ..... St. ..... Ward)
Registration District No. 53
Primary Registration District No. 3005
File No. .....
Registered No. 7

2. FULL NAME Mrs Martha Rhodes
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1854-7-6

7. AGE: Years 75 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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) Mo.

PARENTS
10. NAME OF FATHER Wm Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) ~~Dont know~~ Mo
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont know

14. INFORMANT Albert Rhodes
(Address) Rich Hill Mo

15. FILED Jan 26 1930 Daniel J. Aunn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to Jan 24, 1930, that I last saw her alive on Jan 24, 1930, and that death occurred, on the date stated above, at 1:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endo Carditis
92B
92D (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) Arthritis
(duration) 2 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? Exam
(Signed) [illegible], M.D.
1/25, 1930 (Address) Rich Hill

*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: Greenlown
DATE OF BURIAL: Jan 26 1930

20. UNDERTAKER: H E Baughan
ADDRESS: Rich Hill Mo

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.