JUN 25 1930

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

Do not use this space. 16500

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Indiana — Primary Registration District No. 2002 — Registered No.
City Joplin (No. Freemans Hospital Ward)

2. FULL NAME Mrs Nettie Rhodes
(a) Residence. No. 809 Penn St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Fem
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) No Record
7. AGE About — YEARS 70 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work homemaker
(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
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Miss Edna R. LaMont
(Address) 809 Penn Joplin Mo
15. FILED 5/27, 1930 A. B. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930
17. I HEREBY CERTIFY, That I attended deceased from May 16, 1930 to May 20, 1930 that I last saw her alive on May 20, 1930 and that death occurred, on the date stated above, at 5 P.M. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of liver
46E (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) [illegible] (duration) ....yrs. ....mos. ....ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. C. Powers, M. D.
5-20, 1930 (Address) Joplin

*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 Park — DATE OF BURIAL 5-20 1930
20. UNDERTAKER Neuilbert Und Co — ADDRESS Joplin

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.

(2)