DEC 20 1930

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

Do not use this space.

35421

File No.

Registered No. 1244

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St Joseph (No. 301 So 13th St. Ward)

2. FULL NAME William Henry 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	9	1	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Rhodes

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

12. MAIDEN NAME OF MOTHER Narcisis Henkley

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

14. INFORMANT Mrs W H Rhodes
(Address) 301 So 13th

15. FILED NOV 19 1930 John G. Itz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1930, to Nov. 17, 1930 that I last saw him alive on Nov. 16, 1930 and that death occurred, on the date stated above, at 12.05A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar)

108

127

93C (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis & Chr Nephritis (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? Clinical

(Signed) Albert H. Muench, M. D.

Nov 17, 1930 (Address) 215 Phy & Surg Building

*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
Memorial Park	11/20 1930

20. UNDERTAKER	ADDRESS
Fleeman Funeral Home	1946 Co Thorn

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.