

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

Do not use this space.

10868

1. PLACE OF DEATH

72 County New Madrid Registration District No. 345
5 Township..... Primary Registration District No. 4533
1 City South Matthews

File No.....
Registered No.....
St. Ward)

2. FULL NAME

Blyde 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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10-1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 8 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bollinger Co.
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Rhodes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bollinger
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary Henton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bollinger
(STATE OR COUNTRY) Mo.

14. INFORMANT John Rhodes
(Address) Matthews Mo R.R. 1

15. FILED 4/4 19 21 Jessie E Deane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1931
17. I HEREBY CERTIFY, That I attended deceased from Mar 26
1931, to Mar 21, 1931,
that I last saw him alive on Mar 19, and that
death occurred, on the date stated above, at 12:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Measles
107A

(duration) yrs. mos. 5 ds.
CONTRIBUTORY Bronchial Pneumonia
(SECONDARY)
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
Signed Howard M. Deane, M. D.
, 19 (Address) Bollinger 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 Marbel Hill Mo
DATE OF BURIAL Mar 22 1931

20. UNDERTAKER John Albritton
ADDRESS Bollinger 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

