

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

16758

1. PLACE OF DEATH

County Saline
Township Liberty
City Liberty (No. St. Ward)

Registration District No. 801
Primary Registration District No. 604.5

File No.
Registered No.

2. FULL NAME

(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 1 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Susan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
60 5 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) State of Illinois
(STATE OR COUNTRY) 2

10. NAME OF FATHER Thomas Rhodes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) State of Va
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Lyons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 31
(STATE OR COUNTRY) do not know

14. INFORMANT John David Rhodes
(Address) Sweet Springs, Mo

15. FILED 4-6-31 A. H. Ringen
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 19 31
17. I HEREBY CERTIFY, That I attended deceased from April 3 1931, to holding inquest
that I last saw him alive on April 3 1931, and that death occurred, on the date stated above, at about 7 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Natural causes
Tuberculosis of lungs
23 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 3 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) P. C. Bradshaw, D.O., M. D.

4-3 1931 (Address) Arrow Rock, 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

DATE OF BURIAL

Smithton MO Apr 5 1931

20. UNDERTAKER

ADDRESS

A. F. Neumeier Smithton 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.

APR 7 1931

