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

Do not use this space.

18684

File No. .....

Registered No. 5

1. PLACE OF DEATH

County: Marion — Registration District No. 549

Township: Union — Primary Registration District No. 5742

City: Palmyra (No. ..... St. ..... Ward)

2. FULL NAME: Mrs. Catherine Rhodes Bloomer

(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 55 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

JUN 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-13-1843

7. AGE: Years 87 | Months 4 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED

(a) Trade, profession, or particular kind of work: Housewife

(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) Stark County, Ohio

PARENTS

10. NAME OF FATHER: David Rhodes

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

12. MAIDEN NAME OF MOTHER: Candace Johnson

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

14. INFORMANT: Maude Bloomer
(Address) Palmyra, Mo

15. FILED May 10 1931 Mrs. C. F. Tyler, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-9-1931

17. I HEREBY CERTIFY, That I attended deceased from 5-9-31, 19..., to 5-9-31, 19..., that I last saw her alive on 5-9-31, 19..., and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Apoplexy - stroke

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

82A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF ——

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

5/11/31 (Signed) W. C. O'Neal, M.D.
(Address) Palmyra 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: Greenwood Cem. — DATE OF BURIAL: 5-11-1931

20. UNDERTAKER: B. F. Mead — ADDRESS: Palmyra 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.