

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.

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

Do not use this space.

40920

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. Gen. Hosp. no 2)

Registration District No. 382
Primary Registration District No. 1002

File No. _____
Registered No. 4938
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1226 Woodland St. Ward. 2
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
47 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Scott Kans.

13. NAME John Rhodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Read Clerk
(ADDRESS) General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 12-10 1921

19. UNDERTAKER (ADDRESS) Stations Products Co
1729 Lytle

20. FILED 12/9 1921 11/29 Carone Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 1921

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1921, to Dec 6, 1921.
I last saw him alive on Dec 6, 1921. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
131
1320/31

Other contributory causes of importance:

Uremia

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) D. M. Miller, M. D.

(Address) Gen. Hosp. no 2

