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.

APR 25 1932

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

Do not use this space.

1. PLACE OF DEATH

12 County Butler — Registration District No. 925 — File No. 7548

Township Ash Hill — Primary Registration District No. 5134C — Registered No. 1

City ~~Fisk~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Josephus Rhodes

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amelia Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 21st 1849

7. AGE: YEARS 83 — MONTHS 1 — DAYS 14 — If LESS than 1 day, ✓ hrs. or ✓ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

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): Milan Tenn. 2

FATHER

13. NAME: Wont Know 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wont Know 31

MOTHER

15. MAIDEN NAME: Wont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wont Know

17. INFORMANT (ADDRESS): Edward Sielert

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hollis cemetary DATE Mch. 5 1932

19. UNDERTAKER (ADDRESS): J. E. Childs, Bloomfield Mo.

20. FILED Mar 6 1932 ~~Beatrice Greathouse~~ Floyd Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch. 1st 1932, to Mch. 4th 1932

I last saw him alive on Mch. 1st 1932. Death is said to have occurred on the date stated above, at 9:45 A.m.

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

Lobar Pneumonia — Date of onset 3/1-32

108 108

Other contributory causes of importance: (1)

Name of operation: none — 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) S. S. Davis, M. D.

(Address) Dexter Mo.

306