

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

Do not use this space.

24329

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4344 De Touhy ave St. Ward)

2. FULL NAME

Isaac Rhoads
 (a) Residence, No. 4344 De Touhy St. 11 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2 1857</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Restaurant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired about 22 yrs</u>	
	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) <u>Ohio</u>		
FATHER	13. NAME <u>Caruelius Rhoads</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Pulse</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mattie Rhoads</u> (ADDRESS) <u>4344 De Touhy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>7-13</u> <u>32</u>		
19. UNDERTAKER <u>Triehawley</u> (ADDRESS) <u>4321 1/2 De Touhy</u>		
20. FILED <u>W. C. Barker</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12 - 1932, to July 11 - 1932
 I last saw him alive on July 10 - 1932 Death is said to have occurred on the date stated above, at 6:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation Date of onset 10-1-31
92A
112 92A
 Other contributory causes of importance:
Bronchial Asthma 5-12-32

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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? No
 If so, specify.....
 (Signed) J. W. Allen, M. D.
 (Address) 1205 Franklin ave

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.

