

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

Do not use this space.

28177

84

File No. _____
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

100 County SCOTT Registration District No. 82 1/2
Township Richland Primary Registration District No. 6670
City NEAR SIKESTON, MO.

2. FULL NAME CHARLES WILLIAM RHODES

(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 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 BLK 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ADDIE RHODES
6. DATE OF BIRTH (MONTH, DAY AND YEAR) SEPT-23-1886
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
46 10 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER, 1
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) WHITVILLE, TENN
(STATE OR COUNTRY) 2

PARENTS
10. NAME OF FATHER JESS RHODES
11. BIRTHPLACE OF FATHER (CITY OR TOWN) York
(STATE OR COUNTRY) Arkness 31
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) U.
(STATE OR COUNTRY) Unknown

14. INFORMANT ROBERT MITCHELL
(Address) NEAR SIKESTON, MO

15. FILED 9/8/32 Walter E. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) AUG-2 1932
17. I HEREBY CERTIFY, That I attended deceased from July 29, 1932, to Aug 2, 1932, that I last saw him alive on Aug 2, 1932, and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gente Peritonitis
121A
129 (duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. F. Waters, M. D.
, 19 32 (Address) Sikeston 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
Sunset cemetery 6-7 1932

20. UNDERTAKER ADDRESS
H. R. Dempster Sikeston, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

SEP 27 1932

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**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Scott
Township Richland
City _____ (No. _____)

Registration District No. 821
Primary Registration District No. 6070

File No. _____
Registered No. 87
St. _____ Ward _____

2. FULL NAME Charles Wm Rhodes

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23-1896

7. AGE YEARS 46 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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. _____

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 9/8/37 Walter E. Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the _____ stated above, at _____ m.

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

Acute Peritonitis
Disrupted Appendix

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

Every item of information should be carefully stated EXACTLY. PHYSICIANS should state DEATH in plain terms. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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