

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

Do not use this space.

32561

File No. 4112  
Registered No. 4112 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township New Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. Gen. Hosp. Dist. II) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Matilda Rhines  
(a) Residence, No. 1202 Euclid St. 2 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 2 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 F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 6 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244

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) Arkansas 2

FATHER 13. NAME Jackson, Jerry

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

MOTHER 15. MAIDEN NAME Walker, Maggie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 3

17. INFORMANT (ADDRESS) Reverend Club, Gen. Hosp. Dist. II

18. BURIAL, CREMATION, OR REMOVAL PLACE Stamperville Ark DATE 11-9 32

19. UNDERTAKER (ADDRESS) Wm. W. Fickler

20. FILED 11/3 1932 M. M. Cronin Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/20/32, 1932, to Oct 31, 1932.  
I last saw her alive on 10/21/32, 1932. Death is said to have occurred on the date stated above, at 1:29 p. m.

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

Hypostatic Pneumonia (Lobar)  
10/20/32  
10/21/32  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Emphysema  
Pyogenic brain  
Fibroids of Uterus  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Labs. Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932  
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) P. M. Miller, M. D.  
(Address) Gen. Hosp. Dist. II, K.C., Mo.

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.

