

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

Do not use this space.

34998

7 1933
JAN 8

1. PLACE OF DEATH

County Cape Girardeau Mo Registration District No. 125
Township _____ Primary Registration District No. 3009
City Cape Girardeau (No. Southeast Mo Hospital)

File No. _____
Registered No. 283
St. _____ Ward _____

2. FULL NAME Rhodes, Mrs Bertha May

(a) Residence, No. Gresham Mo St. _____ Ward. Gresham, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhodes, Earl Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>22</u>	<u>2</u>	<u>7</u>	

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) Bessville Mo

13. NAME Bess, Marion

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bessville Mo

15. MAIDEN NAME Yount, Caroline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bessville Mo

17. INFORMANT Earl Rhodes, Gresham Mo (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Gresham Mo DATE 11-26 1932

19. UNDERTAKER H. J. Baker, Lohavell Mo (ADDRESS)

20. FILED 11-25 1932 W. C. Kauffman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-19 1932 to 11-24 1932

I last saw her alive on 11-24 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Staphylococci infection of the face.
36
111B
Other contributory causes of importance:
acute congestion of lungs.

Name of operation _____ Date of _____
What test confirmed diagnosis? 111B 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 _____, 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) W. C. Kauffman, M. D.
(Address) Cape Girardeau

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

S. No. 2.

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.

18-10-1944