

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

37-27
Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 529
 Township Kearney Primary Registration District No. 200
 City Jackson City (No. 1324)
 2. FULL NAME Laura Bill Rhodes
 (a) Residence, No. 1324 St. 4 Ward. (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.

File No. 1448
 Registered No. 170
 St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>(D)</u>	4. COLOR OR RACE <u>(W)</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(Married)</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William U Rhodes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 16 1890</u>		
7. AGE	YEARS	MONTHS
	<u>42</u>	<u>8</u>
		DAYS <u>23</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>Domestic</u>	
	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) <u>Ohio</u>		
FATHER	13. NAME <u>Don't Know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
	15. MAIDEN NAME <u>Don't Know</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. U. Rhodes 1324 Olive St</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Cemetery Jan. 12 1933</u>		
19. UNDERTAKER (ADDRESS) <u>St. Mortel & Son 1606 E. 18th St</u>		
20. FILED <u>Jan 11 1933 M. M. Carove</u> <u>Asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1933, to Jan 9th 1933
 I last saw her alive on Jan 9th 1933. Death is said to have occurred on the date stated above, at 10:25 P. m.
 The principal cause of death and related causes of importance were as follows:
Influenza
11B
11B
 Other contributory causes of importance:
 (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? no
 If so, specify _____
 (Signed) B. J. Suggenheim, M. D.
 (Address) 1516 Juvast

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.

