MAR 24 1933

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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 4760
Township — Primary Registration District No. 1001 — Registered No. 154
City St. Joseph (No. 214 Alabama St. Ward)

2. FULL NAME Willis F. Rhodes
(a) Residence, No. 214 Alabama 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy J. Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9, 1848

7. AGE: YEARS 84 — MONTHS 6 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C.R.I.&P.
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): DeKalb, Missouri

FATHER
13. NAME: Peter Rhodes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): Nancy J. Rhodes, 214 Alabama

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Register Cem. DATE: Feb. 5, 1933

19. UNDERTAKER (ADDRESS): Fred D Clark, 5025 King Hill Ave.

20. FILED 2-4-33 19 John R. Benders, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 4, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1929, to Feb 3, 1933
I last saw her alive on Feb. 3, 1933. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral)	2/3/33
131	
82A	
135B	

131

Other contributory causes of importance:

Chr. Nephritis	1928
Chr. Cystitis	"

Name of operation — 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) A. R. Timmerman, M. D.
(Address) St. Joseph Mo