

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

Do not use this space.

**MAY 22 1933**

85

12440

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 1001

Township St. Joseph

Primary Registration District No. 214 Alabama

City St. Joseph (No. 214 Alabama)

File No. \_\_\_\_\_  
Registered No. 396 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 214 Alabama St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willis F. Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Nashville Tenn.

13. NAME Arden Sanders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

15. MAIDEN NAME Millissa Mount

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

17. INFORMANT Mrs. Celia Stewart (ADDRESS) 318 E. Missouri Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Register Cem. DATE April 12, 1933

19. UNDERTAKER Wm. H. Clark (ADDRESS) 5025 King Hill Ave.

20. FILED 4-2-33 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1932, to 4-9, 1933

I last saw her alive on 4-9, 1933 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

myocarditis Chronic  
1850  
1860

Date of onset 10/30/32  
5

Other contributory causes of importance:  
Pneumonia Lobar  
fracture hip

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? None Date of injury 10-30, 1932

Where did injury occur? St. Joseph Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Slipped on rug

Nature of injury fracture hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) C. J. Seaman M. D.

(Address) 620 Prayers St.

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.

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