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

Do not use this space.

12964

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. 760 E. Harrison St. Ward)

Registration District No. 318
Primary Registration District No. 2901

File No.
Registered No. 362

2. FULL NAME Mina P. Rhodes
(a) Residence, No. 760 E. Harrison 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.

39
3
5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John W. Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 26-1889

7. AGE: Years 43 | Months 8 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Work
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

23
1
1
8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: R. A. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Elizabeth Burrows
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): John W. Rhodes, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Glen Haven Cemetery PLACE April 30 DATE 1933

19. UNDERTAKER (ADDRESS): Springfield Funeral Co. Springfield, Mo.

20. FILED 5-1-33 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/14 1933 to 4/28 1933
I last saw h~~er~~ alive on 4/28 1933. Death is said to have occurred on the date stated above, at 1160 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism Pelvic Veins	
Operation for Obstruction of Bowel	4/17 33
Hernia	
Other contributory causes of importance:	
Strangulation of bowel	

Name of operation Lap. for Obstruction of Bowel Date of 4-17-33
What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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.
House Wife
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Lucas M.D., M. D.
(Address) Springfield Mo

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.

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

U. S. No. 2