

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. AUG 28 1933

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

Do not use this space.

3

72
8
3

1. PLACE OF DEATH
County New Madrid Registration District No. 605
Township Patton Primary Registration District No. 4357
City Parma (No. _____) St. _____ Ward _____

2. FULL NAME Clifford Martin Rhoads
(a) Residence, No. _____ 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.

File No. 23905
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 24, 1933</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					22. I HEREBY CERTIFY That I attended deceased from <u>Apr. 8, 1933</u> , to <u>July 24, 1933</u> I last saw him alive on <u>July 1, 1933</u> . Death is said to have occurred on the date stated above, at <u>8:30 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>Results of spina bifida and Hydrocephaly</u> Date of onset <u>1579</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 8, 1932</u>					Other contributory causes of importance: <u>1579</u>	
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.		
		<u>3</u>	<u>16</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</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>Tenn</u>						
MOTHER	13. NAME <u>Luther Rhoads</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>					
	15. MAIDEN NAME <u>Andrey James</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>						
17. INFORMANT <u>Luther Rhoads</u> (ADDRESS) <u>Parma</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__						
19. UNDERTAKER (ADDRESS)						
20. FILED <u>July 24, 1933 Mrs. C.S. Blackman</u> Registrar. (Address) <u>Parma, Mo</u>						

