

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

Do not use this space.

27413

1. PLACE OF DEATH
 90 County Reynolds Registration District No. 746
 Township Carroll Primary Registration District No. 8977B
 City (No. _____) St. _____ Ward _____

2. FULL NAME Wallace R Rhodes
 (a) Residence, No. 1816 Lami 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 Maudie R Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1900

7. AGE YEARS 33 MONTHS X DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky

FATHER
 13. NAME Unk
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk
 15. MAIDEN NAME Unk
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT Miss Enslley Cecil
 (ADDRESS) 2318 Lafayette av.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis mo DATE 8-7-33

19. UNDERTAKER Murphy Jones and Co.
 (ADDRESS) Hambidge Arkansas

20. FILED 8-5 1933 Lucy Bowles Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw him ~~alive~~ dead Aug 3, 1933 Death is said to have occurred on the date stated above, at 10P m.
 The principal cause of death and related causes of importance were as follows:
accident, auto mobile Date of onset _____
Head Crushed
killed instantly
 Other contributory causes of importance: _____
7106 218

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 see above
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. D. Pyrell Coroner
 (Address) Centerville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 20 1933

104

2

31

31

50% Coronado

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barroll
Township Barroll
City (No.) St. Ward)

Registration District No. 746
Primary Registration District No. 5-97913

File No.
Registered No.

2. FULL NAME

Malac Rhodes

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 July Bowles Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from

to, 19

I last saw h. alive on, 19

Death is said to have occurred on the date stated above, at

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

Auto accident Date of onset

Truck turned over at Highway 14 and 72 Junction near Centerville, Mo.

Other contributory causes of importance:

210

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

(Signed), M. D. (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-27413