

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 Warton Registration District No. 48 File No. 7739
 Township Lamar Primary Registration District No. 4024 Registered No. 4013
 City Lamar (No. _____) St. _____ Ward _____

2. FULL NAME

Phillip Rodey
 (a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 11 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Rodey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 14 - 1857</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>11</u>
		DAYS
		<u>14</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Farmer</u>	
	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>Louisiana</u>		
FATHER	13. NAME <u>Henry Rodey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Wm. Erwinson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Alice Rodey</u> (ADDRESS) <u>Lamar, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cemetery</u> DATE <u>3/24</u> , 19 <u>34</u>		
19. UNDERTAKER <u>W. J. Brown</u> (ADDRESS) <u>Lamar, Mo</u>		
20. FILED <u>3/29</u> , 19 <u>34</u> <u>A. J. Myratt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Mar. 28, 1934
 Last saw him alive on Mar. 20, 1934 Death is said to have occurred on the date stated above, at 6:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Aortic Regurgitation
1148 020
 Other contributory causes of importance:
Branchial Asthma

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) C. E. Duckert, M. D.
 (Address) Lamar, Mo.

