18

SEP 15 1934

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

Do not use this space.

1. PLACE OF DEATH
County Carter — Registration District No. 143 — File No. 28596
Township Carter — Primary Registration District No. 5205 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James Franklin Rhea
(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

3. SEX M.
4. COLOR OR RACE W.
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) October 15, 1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	10	2	

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.
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) Carter Co, Mo.

FATHER
13. NAME James Wesley Rhea
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co, Mo.

MOTHER
15. MAIDEN NAME Dicie Hoskins.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.

17. INFORMANT (ADDRESS) J. W. Rhea.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hoskins Cem DATE Aug. 17 1934

19. UNDERTAKER (ADDRESS) No Licensed undertaker

20. FILED Aug. 17, 1934 S. W. Cotton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1934, to Aug. 17, 1934
I last saw ~~him~~ alive on Aug. 16, 1934. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	8/5/34
13C	

13C

Other contributory causes of importance:

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) S. W. Cotton, M. D.
(Address) Van Buren, 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