OCT 16 1934

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

Do not use this space.

File No. 33400

Registered No. 269

1. PLACE OF DEATH

County: Marion — Registration District No. 547

Township: [redacted] — Primary Registration District No. 3029

City: Hannibal (No. 122 Larch St. Ward)

2. FULL NAME John R. Rhodes

(a) Residence, No. 122 Larch 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13th 1934

7. AGE: Years —; Months —; Days 1; 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.

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) Hannibal Mo

FATHER

13. NAME Bernie a Rhodes

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

MOTHER

15. MAIDEN NAME Anna M. Elzia

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

17. INFORMANT Mrs Bernie R Rhodes
(ADDRESS) 122 Larch St Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL Rallo Mo
PLACE Flint Hill DATE Sept. 14th 1934

19. UNDERTAKER James O'Donnell
(ADDRESS) Hannibal Mo

20. FILED Sept 14 1934 R. H. Robinson Registrar.
Ella Lincke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1934, to Sept 14, 1934

I last saw h. alive on Sept 13, 1934. Death is said to have occurred on the date stated above, at 6 30 A.m.

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

	Date of onset
Premature (6 months)	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

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) H. E. Francisco, M. D.

(Address) Hannibal 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