

FEB 9 1935

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

Do not use this space.

734

1. PLACE OF DEATH

County Rekalt Registration District No. 259
Township Caungton Primary Registration District No. 4156
City Amity (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Jarvis Edward Rhoad
(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 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 Martha Florence Rhoad
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 - 1863
7. AGE YEARS 71 MONTHS 1 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm work
10. Date deceased last worked at this occupation (month and year) Jan 24, 1935 11. Total time (years) all spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER 13. NAME Jarvis Rhoad

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

MOTHER 15. MAIDEN NAME Mary Cross

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

17. INFORMANT Martha E. Rhoad (ADDRESS) Maple Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn Cem. DATE Jan 26 - 1935

19. UNDERTAKER W. G. Pileher, Mansville, Mo. (ADDRESS)

20. FILED Feb. 15, 1935 Mrs. Mattie Gilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8 A. m. The principal cause of death and related causes of importance were as follows:

Called as Coroner after death Date of onset _____

Other contributory causes of importance: 165

Name of operation Proton Date of _____
What test confirmed diagnosis? neck Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury Jan 24, 1935
Where did injury occur? in barn in kitchen place (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury death by hanging
Nature of injury neck broken

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. E. Saunders, M. D.
(Address) Stewartville, Mo.
Coroner Rekalt Co. Mo

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.

