

FEB 19 1936

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

Do not use this space.

1360

## 1. PLACE OF DEATH

County Jackson  
Township A. Saw  
City H. C. Mo (No. St. Lukes Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1  
Registered No. 232  
St.     Ward    

## 2. FULL NAME

Rhoda A. Newman

(a) Residence, No. 3329 Troost St.     Ward      
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 1858

7. AGE YEARS 76 MONTHS 0 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

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

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) N. Y.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Trusley Newman (ADDRESS) 3836 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton Co DATE 1-17-36

19. UNDERTAKER Melody McElly (ADDRESS) H. C. Mo

20. FILED Jan 17 1936 M. M. Cronk     Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1935 to Jan 15 1935

Last saw her alive on Jan 15 1935. Death is said to have occurred on the date stated above, at 2 P. m.

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

Lobar Pneumonia Date of onset Jan 10 1935

Other contributory causes of importance: Chronic Myocarditis

Name of operation None Date of      
What test confirmed diagnosis? None 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? No  
If so, specify    

(Signed) F. C. LaMar M. D.  
(Address) 624 Professional Bldg

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.

