

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.

APR 27 1935

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

✓ Do not use this space.
 8880

1. PLACE OF DEATH *Harrison*
 County *Harrison* Registration District No. *334 419.7*
 Township *Bethany* Primary Registration District No. *5465*
 City *Bethany* (No. *5465*) St. *Mo.* Ward *1*
 2. FULL NAME *Thelma Faye Rhodes*
 (a) Residence, No. *5465* St. *Mo.* Ward *1*
 (Usual place of abode)
 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.

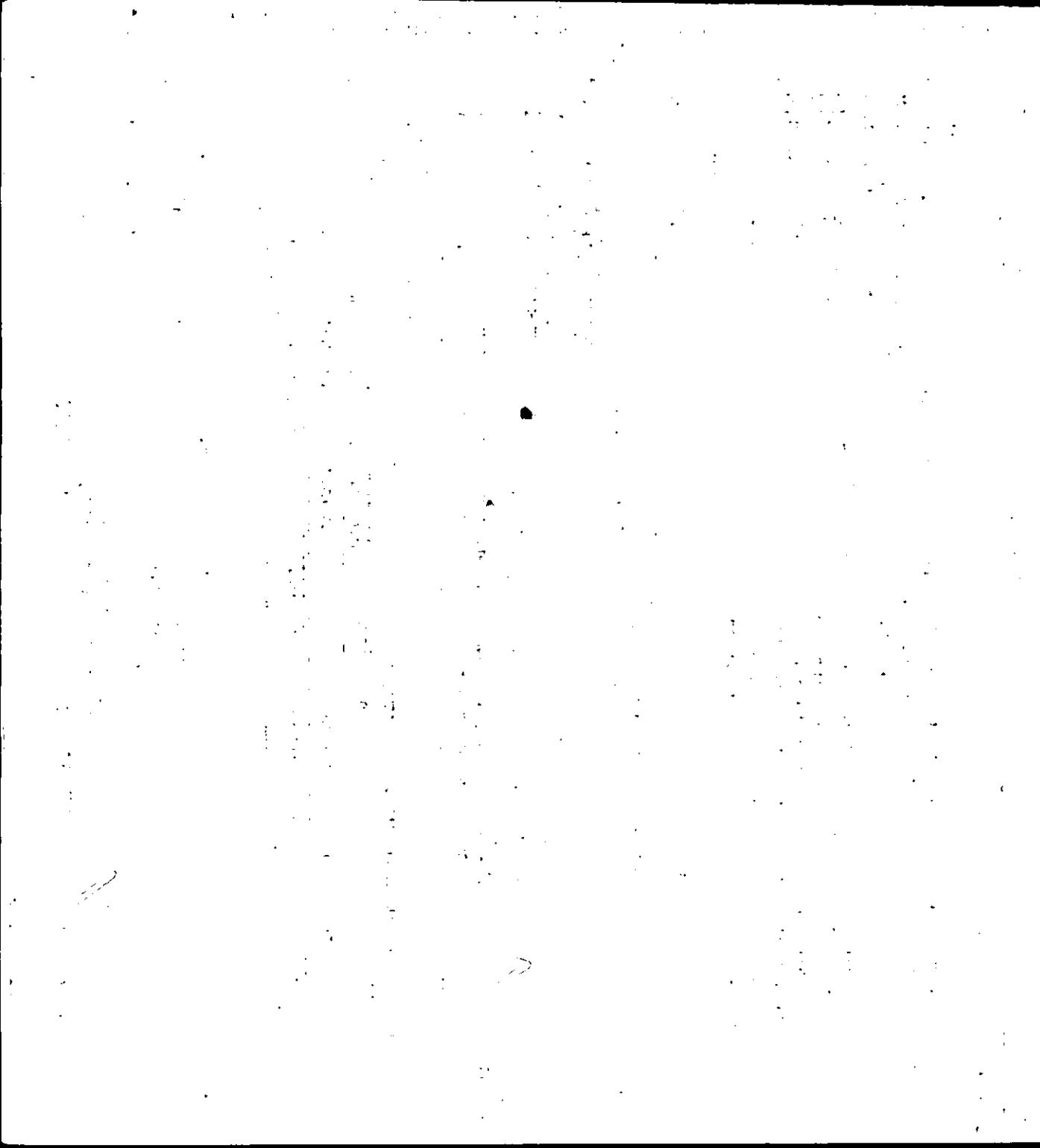
PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *S*
 (Write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *X*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-8-1898*
 7. AGE YEARS *36* MONTHS *8* DAYS *4* If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
 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) *Harrison, Mo.* (STATE OR COUNTRY) *Missouri*
 13. NAME *James B Rhodes*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 15. MAIDEN NAME *Jennie D Stockard*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT *James B Rhodes* (ADDRESS) *Bethany Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Murray* DATE *3-15-1935*
 19. UNDERTAKER *J. M. ...* (ADDRESS) *Bethany Mo.*
 20. FILED *4/15* 1935 *Thelma F. Rhodes* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-12-1935*
 22. I HEREBY CERTIFY, That I attended deceased from *Mar 1*, 1935, to *Mar 12*, 1935
 I last saw him alive on *Mar 12*, 1935. Death is said to have occurred on the date stated above, at *10:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
acute nephritis
 Date of onset
 Other contributory causes of importance:
 Name of operation *None* Date of *None*
 What test confirmed diagnosis? *None* Was there an autopsy?
 If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *None* Date of injury *None*, 19...
 Where did injury occur? *None* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *None*
 Nature of injury *None*
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *None*
 (Signed) *E. F. Harshbarger D.O., M.D.*
 (Address) *Bethany Mo.*



MAY 27 1935

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

Do not use this space.
FOR USE OF THE CLERK
THE CLERK'S OFFICE

1. PLACE OF DEATH

County HarrisonRegistration District No. 334Township BethanyPrimary Registration District No. 4197City BethanyFile No. _____
Registered No. 8435
St. _____ Ward _____

2. FULL NAME

(*) 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 36 8 4

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 4-10 1935

[Signature]
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 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 _____ in _____.

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

acute nephritis
following
attacks of tonsillitis

Date of onset _____

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) _____, M. D.

(Address) _____

MAY 16 1965

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