

JUN 1 1935

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

Do not use this space.

21904

File No. 119
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Sex as
Township Piney Registration District No. 263
City Houston Primary Registration District No. 6197

2. FULL NAME

Eliza Jane Rhea
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 9 0
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife
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) April 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
13. NAME Alfred Lochmiller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) John Rhea - Houston mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Houston Cemetery DATE June 9 1935
19. UNDERTAKER (ADDRESS) Rayford W. Elliott - Houston Mo
20. FILED 6-7 1935 J. P. W. B. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1935
22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to June 7, 1935
I last saw her alive on June 5, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset _____
Myocarditis
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) W. P. Murray, M. D.
(Address) Houston, 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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

