

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

Do not use this space.

22956

2683

1. PLACE OF DEATH **JUL 24 1935**

County Gaerison
Township Lawson
City Kansas City

Registration District No. 397
Primary Registration District No. 1032
(No. Lutheran Hosp)

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

2. FULL NAME Mrs. Gulah Rhodus
(a) Residence, No. Lawson Mo 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 fm 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 33 Rhodus
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23-1888
7. AGE YEARS 46 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Mo

MOTHER FATHER 13. NAME Saw & McQueney

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

15. MAIDEN NAME Tannie Hufft

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

17. INFORMANT (ADDRESS) J. J. McQueney

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson DATE July 5 1935

19. UNDERTAKER (ADDRESS) J. J. McQueney

20. FILED July 4 1935 m. m. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to July 3, 1935
I last saw her alive on July 13, 1935 Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

Acute myocarditis 6/24/35
WVO
Other contributory causes of importance: Cholelithiasis 15 yrs.
Infected gall bladder

Name of operation Cholecystectomy Date of 6/23/35
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. J. McQueney, M. D.
(Address) 1012 Argyle St. 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.

