

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.

JUL 23 1935

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

Do not use this space.

23523

1. PLACE OF DEATH

County *Monroe*
Township *Boonville*
City (No. _____) _____ St. _____ Ward _____

Registration District No. *447*
Primary Registration District No. _____

File No. _____
Registered No. _____

2. FULL NAME

Premature birth Rhoades

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>S</i>
5A. <input checked="" type="checkbox"/> MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 7 1935</i>		
7. AGE	YEARS	MONTHS
		DAY
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Infant</i>	
	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) <i>Knox Co Mo</i>		
FATHER	13. NAME <i>Willis Milton Rhoades</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Knox Co Mo</i>	
MOTHER	15. MAIDEN NAME <i>Madge Pulsel</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Knox Co Mo</i>	
17. INFORMANT (ADDRESS) <i>Willis Rhoades</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>at home</i> DATE <i>July 7 1935</i>		
19. UNDERTAKER (ADDRESS) <i>none</i>		
20. FILED <i>July 10 1935</i> - <i>Frank Baldwin</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 7 1935* to *July 7 1935*.
I last saw him alive on *July 7 1935*. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Premature birth at about 4 month gestation

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) *E. H. Leonard* M. D.
Leonard (Address)

