

DEC 18 1935

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

Do not use this space.

25591-a

1. PLACE OF DEATH

County Boone
Township perche
City (No.)

Registration District No. 75
Primary Registration District No. 5114

File No.
Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. Harrisonburg Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1904

7. AGE YEARS 32 MONTHS 3 DAYS 2 IF LESS than 1 day, hrs. or min.

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. Farmer wife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Frank Rhodes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME /16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Robert Jones18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonburg DATE Aug 18 193519. UNDERTAKER (ADDRESS) Williett Columbia, Mo
County Court Building20. FILED 12-12-35 Mrs H Sullett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 193522. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1935 to Aug 18, 1935I last saw her alive on Aug 18, 1935 Death is saidto have occurred on the date stated above, at 4 P.M.

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

Date of onset

eclampsiafalling childBirth

Other contributory causes of importance:

NOName 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? NOIf so, specify (Signed) H Sullett, M. D.(Address) Harrisonburg

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