

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.

MAR 4 1936

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

Do not use this space.

4691

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City..... St. Joseph, (No. 1922 Forsee St. Registered No. 235
St. Ward)

2. FULL NAME

David W. Rhoads

(a) Residence, No. St. Ward. Wheaton, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ella V. Rhoads

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, Mechanic.
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) Maysville, Mo.

MOTHER 13. NAME John Y. Rhoads

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

15. MAIDEN NAME Sarah Tatman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macomb, Ill.

17. INFORMANT Mrs. R. W. Bridwell (ADDRESS) 1922 Forsee St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheaton, Ill. DATE Feb. 21, 1936.

19. UNDERTAKER Walter Meischke (ADDRESS) 1302 Forsee St. St. Joseph, Mo.

20. FILED 2-21-36 John K. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1936 .19

22. I HEREBY CERTIFY, That I attended deceased from 1-25-1936 to 2-19-1936
I last saw him alive on 2-19-1936. Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:

asthma - sclerosis

Other contributory causes of importance:

Name of operation 20 Date of ..
What test confirmed diagnosis? chest Was there an autopsy? no

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) L. Chausman, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

