DR. CHARLES RUSHVILLE, MO.

APR 17 1936

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

Do not use this space.

9303

1. PLACE OF DEATH
County BUCHANAN
Township ~~RUSH~~
City RUSHVILLE
Registration District No. 84
Primary Registration District No. 4055
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME RHODA CASTELLO GILLIS
(a) Residence, No. RUSHVILLE, 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 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ISSAC A. GILLIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 3-1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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) BETHANY
(STATE OR COUNTRY) MISSOURI

FATHER
13. NAME JAMES ALLEN WILLIAMS
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) VIRGINIA

MOTHER
15. MAIDEN NAME RACHAEL HARRIS
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) OHIO

17. INFORMANT Isaac A. Gillis
(ADDRESS) Rushville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Armstrong Cem DATE Apr 2 1936

19. UNDERTAKER Wm. J. Stanton
(ADDRESS) Atchison, Kansas

20. FILED 4-1- 1936 L. N. Ginger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1934, to June 1, 1935
I last saw her alive on June 1, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorage	

Other contributory causes of importance:

82 a 1

Name of operation Date of
What test confirmed diagnosis? 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) A. Sharpe, M. D.
(Address) Rushville 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD