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.

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

Do not use this space.

14044

MAY 20 1936

1. PLACE OF DEATH
County: Boone — Registration District No.: 72 — File No.:
Township: — Primary Registration District No.: 4041 — Registered No.: 13
City: Centralia (No. ... St. ... Ward)

2. FULL NAME: Edgar Thomas Rodemyre

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

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~~ Edna Rodemyre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th 1869

7. AGE: Years 66 — Months 8 — Days 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Editor
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): Centralia, Mo.

FATHER
13. NAME: Adam Rodemyre
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alton Illinois

MOTHER
15. MAIDEN NAME: Marie Tribble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co, Mo

17. INFORMANT: Mrs Edna Rodemyre
(ADDRESS) Centralia Mo.

18. BURIAL, CREMATION, OR REMOVAL
Centralia Mo Cem. DATE April 4 1936

19. UNDERTAKER: J. M. McDonald
(ADDRESS) Centralia Mo.

20. FILED 4/7 1936 J. T. Hickerson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1936, to April 2 1936
I last saw him alive on April 2 1936. Death is said to 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
Lobar Pneumonia	3/24
Unilateral (left lung)	

Other contributory causes of importance:

108

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? ...
If so, specify ...
(Signed) J. T. Hickerson, M. D.
(Address) Centralia Mo