

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.

MAY 20 1936

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

Do not use this space.

19019

1. PLACE OF DEATH

County DeKalb Registration District No. 263
Township Adams Primary Registration District No. 5365
City Weatherby, Mo. (No. Weatherby, Mo. St. Ward)

File No. 10Registered No. 6

2. FULL NAME

Ada E. Rhodes
(a) Residence, No. Weatherby, 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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Ruby J. Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 6 10

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) (STATE OR COUNTRY) St. Joseph, Mo.

13. NAME William Carmichael

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Langrig, Scotland

15. MAIDEN NAME Mary Sherwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia, Mo.

17. INFORMANT (ADDRESS) R. J. Rhodes Weatherby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wathena, Kansas DATE May 6, 1936

19. UNDERTAKER (ADDRESS) Walter Micholoff 1302 Parson St. St. Joseph, Mo.

20. FILED 5/10, 1936 James Fitzgerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1936, to April 27th, 1936

I last saw her alive on April 27th, 1936. Death is said to have occurred on the date stated above, at 4.00 m. P.M.

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

Valvular disease of heart. 1933
Chronic Nephritis.

Other contributory causes of importance:

Name of operation None Date of Phys Exam
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. W. Wilson, M. D.
(Address) Wintona, Mo.

