

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.

JUN 6 1936

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

Do not use this space.

791
1003

21100

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo (No. Missouri Pac. Hosp)
St. _____ Ward _____

File No. _____
Registered No. 5307
St. _____ Ward _____

2. FULL NAME

Herbert Edw. Rhodes
(a) Residence, No. Orville, 222 St. N.P. Ward. (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 <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Neida Rhodes</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 1898</u> | | |
| 7. AGE YEARS <u>37</u> | MONTHS <u>9</u> | DAYS <u>21</u> |
| | | If LESS than 1 day, hrs. or min. |

| | | |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telegrapher</u> | 11. Total time (years) spent in this occupation..... |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mo. Pac. R.R.</u> | |
| | 10. Date deceased last worked at this occupation (month and year)..... | |

12. BIRTHPLACE (CITY OR TOWN)..... Alto Pass
(STATE OR COUNTRY) Ill.

FATHER
13. NAME Wallis Rhodes

14. BIRTHPLACE (CITY OR TOWN)..... Ill.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Amanda Walker

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

17. INFORMANT Neida Rhodes
(ADDRESS) Orville, Ill.

18. BURIAL, CREMATION, OR REMOVAL:
PLACE Murphystown DATE May 21 1936

19. UNDERTAKER W. W. McHughlin
(ADDRESS) 2301 Lafayette

20. FILED 361 19 61 MAX
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-6-1936 to 5-19-1936

I last saw h. a. alive on 5-19-1936 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Tuberculosis of Kidney, bilateral Date of onset

Other contributory causes of importance: Ill.

Name 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?.....

If so, specify.....

(Signed) F. A. Barnett, M. D.

(Address) Mo Pacific Hosp.

