

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

Do not use this space.

1. PLACE OF DEATH **DEC 20 1936**

County Jackson

Registration District No. 399

File No. 41286

Township Jackson

Primary Registration District No. 1002

Registered No. 4078
St. 4078 Ward

City Lamar City (No. St. Joseph Hosp.)

2. FULL NAME Bessie Rhoads

(a) Residence, No. 806 Cedar St. Farmington Mo
(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sus C. Rhoads

22. I HEREBY CERTIFY, That I attended deceased from 11/2, 1936, to 11/12, 1936

I last saw h. or alive on 11/12, 1936 Death is said to have occurred on the date stated above, at 11:40 a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 0 9

Bronchial Pneumonia Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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

Cholera
Other contributory causes of importance MB

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER 13. NAME Luther B. McCone

Name of operation Chimed Date of no
What test confirmed diagnosis? Chimed Was there an autopsy? no

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

MOTHER 15. MAIDEN NAME Hilda Egleston

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.

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

17. INFORMANT (ADDRESS) Majors Rhoads 308 S. Denver

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Nov 14 1936

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

19. UNDERTAKER (ADDRESS) Rose Henderson 154 Jackson

(Signed) J. M. M. M., M. D.
(Address) 10307 Indep av RCMo

20. FILED Nov 13 1936 M. M. Crowe Registrar

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.

