FEB 7 1937

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

Do not use this space.

969

Registration District No. 318
Primary Registration District No. 2801
File No.
Registered No. 0064

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. Springfield Bap. Hosp. St. Ward)

2. FULL NAME: Henry Rathbone
(a) Residence, No. 1609 N. Jefferson St. Ward.
(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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Emily Rathbone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5 1858

7. AGE: Years 78 Months 7 Days 16 ~~15~~ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: On farm
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): N. Y.

FATHER
13. NAME: Thos. Henry Rathbone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Sarah Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Rose Potter Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Maple Park Cemetery PLACE DATE Jan 22 1937

19. UNDERTAKER (ADDRESS): F. H. Lingenfelter & Co. Springfield, Mo.

20. FILED Jan. 22 1937 Chas. A. George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1937 to Jan 21 1937
I last saw him alive on Jan 21 1937. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
Other contributory causes of importance:	
Prostatic Obstruction	1934
Uremia	

Name of operation: Transurethral Resection Date of 1/1/37
What test confirmed diagnosis? Lab 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) Robert Flynn, M. D.
(Address) Springfield 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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD