

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

73 County Newton Registration District No. 609 File No. 2412
Township Neosho Primary Registration District No. 4363 Registered No. 9
City Neosho (No. 7) St. Mo. Ward

2. FULL NAME

Alice M Rhodes
(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James J Rhodes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18 1857</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>3</u>
	DAYS <u>17</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>Housewife</u>	11. Total time (years) spent in this occupation <u>2 1/2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
MOTHER FATHER	13. NAME <u>Wm Bishop</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	15. MAIDEN NAME <u>May E. Martin</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>J Rhodes Neosho Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>800 1/2 Cent</u> DATE <u>2-4 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Byham's Neosho Mo</u>		
20. FILED <u>2-10</u> 19 <u>37</u> <u>Onalaska</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Jan 30, 1937.
I last saw h. er alive on Jan 30, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Bilateral Labar pneumonia
Date of onset Jan 25

Other contributory causes of importance:
108

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) Onalaska, M. D.
(Address) Neosho, 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 UNFADING INK—THIS IS A PERMANENT RECORD

