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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 19150

Township Kaw — Primary Registration District No. 002 — Registered No.

City K.C. Mo (No. 5431 East 27th St, 2 St. Ward)

2. FULL NAME Anna Mary Rhodes

(a) Residence, No. 5431 E 27th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fee
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): about Nov 8 1858

7. AGE: 78 YEARS, 6 MONTHS, 16 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Ohio

FATHER

13. NAME: Alexander H. Porter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Virginia

MOTHER

15. MAIDEN NAME: Hanna Banks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs Florence ~~Stephens~~ Stevens 5431 E 27th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olathe City Cem DATE 5-27-37

19. UNDERTAKER (ADDRESS): Mrs C. L. Forster 918 Brooklyn avenue

20. FILED May 24, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937, to May 24, 1937
I last saw her alive on May 23, 1937. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset 5/21/37

82a1

Other contributory causes of importance:
Hypertension

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) John R. Lewis, M. D.
(Address) 3546 Indiana

Lin 7611

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