DEC 21 1937

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

Do not use this space.

41882

1. PLACE OF DEATH
County Mercer — Registration District No. 556 — File No.
Township Morgan — Primary Registration District No. ~~4328~~ 5750 — Registered No. 68
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Nanna Glee Rhoades

(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: Fe
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 30 1937

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): Mor Near Princeton Mo

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Nola Maxine Rhoades
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co Mo

17. INFORMANT (ADDRESS): Bert Rhoades Princeton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Princeton Cem DATE: Nov 17 1937

19. UNDERTAKER (ADDRESS): Martin Funeral Home Princeton Mo

20. FILED 11/16 1937 J M Perry Registrar 11/16-37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1937 to Nov 16, 1937
I last saw her alive on Nov 15, 1937. Death is said to have occurred on the date stated above, at 4 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis - Congenital	10/30 1937
34	
Other contributory causes of importance: Broncho pneumonia	11/10-37

Name of operation: No Date of
What test confirmed diagnosis? Phys Syn 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) J M Perry M. D.
(Address) Princeton, 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.