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

Do not use this space.

1497

File No. 1
Registered No. 185

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1307 Harrison St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Louis W. Rhodes 320
(a) Residence, No. 1307 Harrison St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1878

7. AGE: Years 59 | Months 4 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Palace Clothing Co.
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) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Davenport (STATE OR COUNTRY) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Belle Crawford
16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT Mrs. Mildred Rhodes
(ADDRESS) 1307 Harrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Jan. 14, 1938

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS)

20. FILED Jan 13, 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1937, to Jan. 13th, 1938.
Last saw h. m. alive on Jan. 9th, 1938. Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion left.	
Angina Pectoris	5 yrs.
Does in angina attack.	9 yrs.
Other contributory causes of importance:	
Left Hemiplegia	6 yrs.

Name of operation Date of
What test confirmed diagnosis? Clinical Sign 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? No
If so, specify
(Signed) Louis S. Kuchne, M. D.
(Address) 132 Ransom Bldg.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 185

City ..... (No. 1307 Harrison St. ..... Ward)

2. FULL NAME Louis W. 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: M
4. COLOR OR RACE:
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: 59 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19 ....

19. UNDERTAKER (ADDRESS) .....

20. FILED Jan 13, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ...., to ....., 19 ....
I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Cortical Occlusion — Date of onset

94a

Other contributory causes of importance:
Hemiplegia
Cerebral Hemorrhage

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) ....., M. D.
(Address) .....

SUPPLEMENTARY

N. B.—Every [illegible] of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state [illegible] DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

[illegible] PLAINLY, WITH UNFADING [illegible] PERMANENT RECORD

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