

NOV 13 1939

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

Do not use this space.

1. PLACE OF DEATH

County Clay, Co.
Township Washington
City Lansdown (No. 397)

Registration District No. 198
Primary Registration District No. 5278

File No. 39365

Registered No. 100 St. _____ Ward _____

2. FULL NAME Daniel Elias Rhodus

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie R. Rhodus</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-12-1870</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>9</u>
	DAYS <u>11</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>Farmer</u>
	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) Clinton, Mo.

13. NAME Irwin Rhodus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Kentucky

15. MAIDEN NAME Emily Albright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensboro North Carolina

17. INFORMANT Carl Rhodus
(ADDRESS) Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lansdown DATE Nov-15-39

19. UNDERTAKER Richard - Jarman
(ADDRESS) Lansdown Mo.

20. FILED Nov 15 1939 Wm. R. P. Beck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1939, to Nov. 13th, 1939
I last saw him alive on Nov. 13th, 1939. Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Uremia
Prostatitis

Other contributory causes of importance: 12/1

Name of operation _____ Date of _____
What test confirmed diagnosis Albumin. 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 _____, 1939

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 Edwin House (Signed) _____ M. D.
(Address) Lansdown, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12/16/39