

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

Do not use this space.

35496

1. PLACE OF DEATH

4² County Stevenson
6 Township
3 City Montrose (No.)

Registration District No. 352
Primary Registration District No. 4209

File No.
Registered No. 14 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1849

7. AGE YEARS 83 MONTHS 2 DAYS 13 If LESS than 1 day, hrs. or min.

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

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) Louisville 2

13. NAME John Rhoades

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville

15. MAIDEN NAME Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville

17. INFORMANT Wm Lasiter

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Nov. 10 1932

19. UNDERTAKER Welling Bros

(ADDRESS) Montrose Mo

20. FILED Nov 10 1932 J. M. Miller

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932 to Nov 8 1932

I last saw h. alive on Nov 7 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Pneumonia Lobular 107A 162 107A 107A

Other contributory causes of importance: Senility ①

Name of operation Date of
What test confirmed diagnosis? 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. Miller, M. D.
(Address) Montrose 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.

NOV 9 1932

MARGIN RESERVED FOR BINDING

