

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

Do not use this space.

14497

1. PLACE OF DEATH

County Ray
Towship Richmond Mo.
City Richmond

Registration District No. 744
Primary Registration District No. 3035c

File No.
Registered No. 39
St. Ward)

2. FULL NAME John. D. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/15/1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 7 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mercer Co Mo.

10. NAME OF FATHER Fantley Rhoades

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Sarah Stice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Boone Co Mo.

14. INFORMANT Miss Anna Leisure
(Address) Richmond Mo.

15. FILED 4/20/28 R. L. Hamilton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/18/28 19

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1927, to Apr 18, 1928
that I last saw him alive on Apr 18, 1928, and that death occurred, on the date stated above, at 7 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart mitral incompetence
about 2 (duration) 2 yrs. mos. da.
CONTRIBUTORY Acute Bright's disease
(SECONDARY) (duration) two yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 7/2
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John M. Greish, M. D.

4/20/28, 1928 (Address) Richmond Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

City Cem.

DATE OF BURIAL

4/19/28 19

20. UNDERTAKER

J. A. M. ...

ADDRESS

Richmond 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.

WHILE IN EFFECT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SECRET

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