

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

Do not use this space.

21105

JUN 28 1937

1. PLACE OF DEATH

County Ray Registration District No. 740
 Township Crooked River Primary Registration District No. 5975
 City Ray No. Norborne Mo. R.D. 2 St. Ray Ward 1

File No. 10
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(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 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 Mrs Ida Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 0 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Judge Ray County Court

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) Richmond Va

13. NAME David B. Rhodes

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

15. MAIDEN NAME Sarah J. Ziglar

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

17. INFORMANT (ADDRESS) Mrs Ida Rhodes

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Va DATE May 5, 1937

19. UNDERTAKER (ADDRESS) R. W. Manser

20. FILED June 8, 1937 H. K. Willeyford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to _____, 19, _____

I last saw him alive on May 3, 1937 Death is said to have occurred on the date stated above, at 2:45 p. m.

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

Other contributory causes of importance: Asthma

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) E. G. Fay M. D.

(Address) Richmond Va

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.

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