

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

Do not use this space.

184

1. PLACE OF DEATH
 County Ballinger Registration District No. 1026
 Township Jordan & Lorance Primary Registration District No. 152200
 City St. Gallen (No.) St. Ward)

2. FULL NAME Susan Jane Rhoder
 (a) Residence. No. State Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	7	27	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

10. NAME OF FATHER Orlando

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

12. MAIDEN NAME OF MOTHER Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Port Knaw
 (STATE OR COUNTRY)

14. INFORMANT Parthen Rhoder Cooper
 (Address) Desoto Mo.

15. FILED M. C. ...
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 - 19 29

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1929, to Jan 2, 1929, that I last saw her alive on Dec 30, 1929, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peripneumonia
and
Septicemia
and
Central hemorrhage
 (duration) 14 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH..... DATE OF.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. C. ..., M. D.
Jan 3rd, 1929 (Address) Warble Hills, Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Deek Cemetery DATE OF BURIAL Jan 3 1929

20. UNDERTAKER H. J. Baker ADDRESS Interrill

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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