

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

Do not use this space.

40988

1. PLACE OF DEATH  
 County Jackson Registration District No. 300  
 Township Law Primary Registration District No. 300  
 City Kansas City No. 1609 Hoodland Apt. 42 File No. 4976  
 (Usual place of abode) (Ward)

2. FULL NAME Callie Rhoden  
 (a) Residence, No. 1609 Hoodland Apt. 42  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 4 ds. 3 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female COLOR OR RACE Colored 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) March 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>61</u>	<u>9</u>	<u>unk</u>	

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

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) Alabama

MOTHER FATHER

13. NAME Mrs. Milliner

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

15. MAIDEN NAME Unk.

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

17. INFORMANT William Rhoden  
 (ADDRESS) 2202 East 17th St.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Carver, Okla. DATE 12-15-1931

19. UNDERTAKER Hathine Bros. Undt. Co.  
 (ADDRESS) 1729 Lydia

20. FILED 12/15 1931 M. J. Crowe  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-1931

22. I HEREBY CERTIFY, That I attended deceased from 11:30 to 12:00, 1931  
 I last saw him alive on 12-11-1931 Death is said to have occurred on the date stated above, at 4:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial Regurgitation  
92A  
 Other contributors causes of importance:  
92A  
92A  
 Name of operation Clinical Date of 12-11-1931  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury 12-11-1931  
 Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Unnatural  
 Nature of injury Unnatural

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify No  
 (Signed) Deputy Coroner M. D.  
 (Address) Deputy Coroner

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.

