

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

Do not use this space.

5763

**1. PLACE OF DEATH**

86 County Putnam Registration District No. 719  
 Township Elem Primary Registration District No. 6900  
 City Worthington Mo. (No. ...., St. .... Ward)

File No. ....  
 Registered No. 2

**2. FULL NAME Ella Rhodes**

(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 7 yrs. mos. ds. 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Isaac Rhodes**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec, 10th 1868**

7. AGE YEARS MON. HS DAYS IF LESS than 1 day, hrs. or min.  
33 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**  
**Retired Farmer**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**  
 10. Date deceased last worked at this occupation (month and year) **Don't know** 11. Total time (years) spent in this occupation **Life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

13. NAME **William Centers**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

15. MAIDEN NAME **Lettie Right**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT (ADDRESS) **Isaac Rhodes  
Worthington Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Buried Feb 5 1932**

19. UNDERTAKER (ADDRESS) **Wm. A. West  
Worthington Mo.**

20. FILED **Feb 9 1932** Registrar **Durward Smith**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 3 1932**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw her alive on **Feb 3**, 1932. Death is said to have occurred on the date stated above, at **12:30 p.m.**  
 The principal cause of death and related causes of importance were as follows:

**Chronic Interstitial Nephritis** Date of onset

Other contributory causes of importance: **(3)**

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) **Arthur J. Collins D.O. M.D.**  
 (Address) **Worthington, 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.

MAR 24 1932

