

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

Do not use this space.

15259

1. PLACE OF DEATH

County Benton Registration District No. _____
Township Lindsay White Primary Registration District No. 60
City Lincoln No. 4035 St. _____ Ward _____

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME

Eli Louis Rhodes
(a) Residence. No. _____ St. 1 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 (twice)
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31 - 1851
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 1 10
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Physician (b) General nature of industry, business, or establishment in which employed (or employer) Retired (c) Name of employer _____
9. BIRTHPLACE (CITY OR TOWN) Warrick County (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Benjamin T. Rhodes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Muhlenburg County (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Emily Danforth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York (STATE OR COUNTRY) _____

14. INFORMANT Wife, Amy K. Rhodes (Address) Lincoln, Mo.

15. FILED 579, 1932 Mrs. Arvey K. Rhodes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1932

17. I HEREBY CERTIFY, That I attended deceased from now 1:30 P.M., 1932 to April 7 1932 that I last saw him alive on April 7 1932, and that death occurred, on the date stated above, at 19:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
46B
(duration) 5 yrs. 6 mos. 6 ds.
CONTRIBUTORY (SECONDARY) Probable Gastroenteric carcinoma
(duration) 7 yrs. 6 mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF 5/7/32
super pubic puncture and drain bladder
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. E. Bennett, M. D.
, 19 (Address) Lincoln, 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 Lincoln Cime DATE OF BURIAL May 10 1932

20. UNDERTAKER J. B. Calvert ADDRESS Lincoln 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.

JUN 21 1932

