

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

File No. 19731

Township Cape

Primary Registration District No. 5-178-300

Registered No. 99

City Cape Girardeau

(No. St. Francis Hospital)

St. _____ Ward _____

2. FULL NAME Elbert Mitchell Rhodes

(a) Residence, No. St. Francis Hospital St. _____ Ward _____

SHRUM
Schrum No

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/22, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1934, to 6/22, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 22 1909

I last saw him alive on 6/22, 1934. Death is said to have occurred on the date stated above, at 7:30 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 24 10 _____

The principal cause of death and related causes of importance were as follows:
2:10 PM

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

FR. H. TUBIC
FR. RIBS

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 _____

Other contributory causes of importance:
Shack
NONP

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co. Bollinger

13. NAME Henry Rhodes

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co. Bollinger

15. MAIDEN NAME Anny Sterns

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? had Date of injury 6/22-1934

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co.

Where did injury occur? Delta No. 100
(Specify city or town, county, and State)

17. INFORMANT Oscar Rhodes (ADDRESS) Beesville, Mo.

Specify whether injury occurred in industry, in home, or in public place. Public Place

18. BURIAL, CREMATION, OR REMOVAL 1934
PLACE Plain View DATE June, 23, 1934

Manner of injury Auto in street
Nature of injury RAN over by auto

19. UNDERTAKER (ADDRESS) G. F. Barber
Lutesville, Mo.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) Elbert Rhodes, M. D.

20. FILED 6-22-1934 m. Thompson Registrar

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.

JUL 16 1934

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