

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

Do not use this space.

21328

1. PLACE OF DEATH

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County Nodaway Registration District No. 622
Township Hughes Primary Registration District No. 4373
City Graham (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME Mary Tennessee Rhoades

(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 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dr. Marcus M. Rhoades</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 - 1854</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>11</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Housewife</u>			
	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 <u>62 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Haynesville Mo</u>				
FATHER	13. NAME <u>Uriah Bond</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pleasant Garden North Carolina</u>			
MOTHER	15. MAIDEN NAME <u>Louisa Fentress</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pleasant Garden N. C.</u>			
17. INFORMANT <u>Verne Rhoades</u> (ADDRESS) <u>Asheville N. C.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>I. O. O. F. Semetary</u> DATE <u>June 2</u> 19 <u>34</u>				
19. UNDERTAKER <u>Kelly & Son</u> (ADDRESS) <u>Martland Mo</u>				
20. FILED <u>June 2</u> 19 <u>34</u> <u>Mrs. E. P. Morgan</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 31 1934
May 31

22. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to May 31 1934
I last saw her alive on May 31 June 1 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
930 of 1934
99 of 1934
Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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) E. P. Morgan _____, M. D.
(Address) Martland Mo.

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 25 1934

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