

1934

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 548 File No. 43691
Township Liberty Primary Registration District No. 5740 Registered No. 85
City (No. St. Ward)

2. FULL NAME A. C. Rhodes

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 10 12

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

13. NAME Not known

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

15. MAIDEN NAME Not known

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

17. INFORMANT Wm. Foster (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE Dec. 29, 1934

19. UNDERTAKER E. T. Sprague (ADDRESS) Palmyra, Mo.

20. FILED Dec. 27, 1934 Gertrude Lee Registrar.

3 MEDICAL CERTIFICATE OF DEATH

Found dead on Dec. 25th

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____ Death is said to have occurred on the date stated above, at _____ P. M.

The principal cause of death and related causes of importance were as follows: Date of onset

Myocarditis and pneumonia. Found dead on floor - dead several days (probably since Dec. 22nd, 1934)

Other contributory causes of importance:

Diseased gall bladder

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? death Marion Co., Mo. (Specify city or town, county, and State)

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

Manner of Death. Lived alone & fell on floor in his home & when found was dead.
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Cecil E. Schwartz, Coroner D.

(Address) Hannibal, Marion Co., Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE statement to be carefully supplied. AGE statement to be properly classified. Exact statement of OCCUPATION is very important.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

RECEIVED
JAN 10 1954

DEPARTMENT OF CHEMISTRY

UNIVERSITY OF CHICAGO

1155 S. CHESTNUT ST. CHICAGO, ILL.

ATTENTION: DR. J. H. SCHUBERT

FROM: DR. J. H. SCHUBERT

RE: [Illegible]

1155 S. CHESTNUT ST.
CHICAGO, ILL.

UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

ATTENTION: DR. J. H. SCHUBERT

FROM: DR. J. H. SCHUBERT

RE: [Illegible]

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Warren Registration District No. 548
Township Liberty Primary Registration District No. 5740
City Warrensburg (No. 1 St. 1 Ward)

File No. _____
Registered No. 85

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) w

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. of _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 12-27- 1934 Gertrude Kee Registrar.

myocarditis and pyelonephritis - found dead on floor.
Pneumonia probably Bronchial
Other contributory causes of importance:
No evidence of wounds from fall

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

23. If death was due to external causes (violence) fall 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) Carl E. Schwartz, M-D.

(Address) Stannard, Mo.

Comer, Warren Co., Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MAR 1 1965

5-42691