JAN 10 1935

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

Do not use this space.

44002

1. PLACE OF DEATH 81
County Phelps
Township Coal Bank
City [illegible] (No. ..... St. ..... Ward)

Registration District No. 679
Primary Registration District No. 5907

File No. 6
Registered No. .....

2. FULL NAME Julina Rhea
(a) Residence, No. Second [illegible] St. ..... 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 F
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Rhea
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1846
7. AGE YEARS 88 MONTHS 10 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Phelps Co

FATHER
13. NAME Isaac Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Debbie Hands
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs Perry Lighter
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rhea Cem DATE 12/24 1934
19. UNDERTAKER (ADDRESS) Nuse & Son Rolla Mo
20. FILED Dec 22 1934 Jack Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934, to Dec 21, 1934
I last saw her alive on Dec 17, 1934. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia — Date of onset 12-8-34
107A
107
Other contributory causes of importance: None
Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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? No
If so, specify .....
(Signed) S L Mitchell, M. D.
(Address) Rolla Mo