CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 20 1937

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

Do not use this space.

45116

1. PLACE OF DEATH

County Jackson — Registration District No. 403 — File No.

Township Brookings — Primary Registration District No. 5557 — Registered No.

City Kansas City, Mo (No. 7200 Sycamore St. Ward)

2. FULL NAME Laura J. Rhea

(a) Residence, No. 7200 Sycamore St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James D. Rhea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June-8-1853

7. AGE: YEARS 83 — MONTHS 6 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At 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): Oct. 1936
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

FATHER

13. NAME: George Van Dyke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Hulda Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Arch Rhea, 7200 Sycamore

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Rickill Mo DATE: Dec-21-1936

19. UNDERTAKER (ADDRESS): Mrs C. T. Forster, 918 Brooklyn

20. FILED 12-21 1936 D M Eubank MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1936, to December 19, 1936

I last saw her alive on December 19, 1936. Death is said to have occurred on the date stated above, at 10:52 A.m.

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

	Date of onset
Arteriosclerosis	1903

108

Other contributory causes of importance:

Cerebral Hemorrhage	DEC. 5, 1936
Lobar Pneumonia	DEC. 16, 1936

Name of operation: NONE — Date of

What test confirmed diagnosis? Hypidermis Sat — 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) Edward C. Teubel, M. D.

(Address) 712 Argyle Bg.

Uri · 8050