

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.

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Walt
Township Winston
City Winston (No.)

Registration District No. 947
Primary Registration District No. 5712

File No. 12069
Registered No. 902
St. Ward)

2. FULL NAME Charley Lloyd Rhodes

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 4 5

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) Walt Co. Mo.

13. NAME James F Rhodes

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

15. MAIDEN NAME Melvin Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walt Co. Mo.

17. INFORMANT (ADDRESS) Mrs James Rhodes
Parisian Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farist City DATE 3/8 37

19. UNDERTAKER (ADDRESS) McNay
Winston City Mo.

20. FILED Mar 8 1937 Jerry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1936, to March 6 1937

I last saw him alive on Feb 16 1937 Death is said to have occurred on the date stated above, at 6 a m.

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

Carcinoma of pylorus Date of onset

Other contributory causes of importance: 40

Name of operation Exploratory Date of June 36
What test confirmed diagnosis? Biopsy 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) J E Hogan M. D.
(Address) Winston City

