

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lancaster Registration District No. 656
Township Holland Primary Registration District No. 4281
City Herronsdale (No.) St. Ward)

File No. 12906
Registered No.

2. FULL NAME

Emily Catharine Rhodes

(a) Residence, No. Herronsdale St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6, mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 - 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 3 26

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 1937
22. I HEREBY CERTIFY, That I attended deceased from 2-5 1937, to 2-12 1937
I last saw her alive on 2-10 1937 Death is said to have occurred on the date stated above, at 12 m.
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. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) 7 or 8 years
11. Total time (years) spent in this occupation all life

She had a long heart & nephritis chronic
Date of onset
Other contributory causes of importance: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. Nashville
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Name of operation none Date of none
What test confirmed diagnosis? Symptoms (If an autopsy?)

15. MAIDEN NAME Sally Newberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Tenn

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none 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.

17. INFORMANT (ADDRESS) J. M. Rhodes
Herronsdale Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Herronsdale DATE Feb 13, 1937

Manner of injury
Nature of injury

19. UNDERTAKER (ADDRESS) none
20. FILED 2-12 1937 Tom Bingham Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) D. C. M. Dear M. D.
(Address) Holland Mo.

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

