

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Polk*Township *South Green*

City

Registration District No. *705*Primary Registration District No. *5934*

(No. _____)

File No. *13067*Registered No. *8*

St. _____

Ward _____

2. FULL NAME *Rhoda F. Box*

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 4, 1937*

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

*Jafey Box*22. I HEREBY CERTIFY, That I attended deceased from *4-2-37* to *4-4-37*I last saw her alive on *4-4-37*, 19*37* Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *January 13, 1866*to have occurred on the date stated above, at *8:15 am*

7. AGE

YEARS

77

MONTHS

2

DAYS

21

If LESS than 1 day, _____ hrs. or _____ min.

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

Arterio Sclerosis

Date of onset

OCCUPATION

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

House wife

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

Other contributory causes of importance:

*Reckless Marriage*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*13. NAME *Asby Luckness*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*15. MAIDEN NAME *Charlotte Keith*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*17. INFORMANT *John Box*

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Reynolds*DATE *April 5, 1937*19. UNDERTAKER *Hutchinson and Blue*(ADDRESS) *Balwar, Blue*20. FILED *4-9*19*37**Mary Council*

Registrar

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? _____ (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) *[Signature]*

M. D.

(Address) *[Address]*

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.

