

REC'D FEB 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125

Township

Primary Registration District No. 3009City Cape Girardeau (No. no)

St.

Ward

2. FULL NAME

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

(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

4. COLOR OR RACE

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

Male White Married

5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Eula Rhodes

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

Sept 19, 1881

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

57 3 18

OCCUPATION

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
occupation12. BIRTHPLACE (CITY OR TOWN,
STATE OR COUNTRY)

Stoddard County, Mo.

MOTHER FATHER

13. NAME

Samuel Rhodes

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

Mo.

15. MAIDEN NAME

Caroline Bass

16. BIRTHPLACE (CITY OR TOWN,
STATE OR COUNTRY)

Mo.

17. INFORMANT
(ADDRESS)Eugene Bauser
Sturdivant, Mo.

18. BURIAL, CREATION, OR REMOVAL

PLACE

Stoddard County, Mo. DATE Jan 8, 1939

19. UNDERTAKER
(ADDRESS)Lloyd H. Meyer
Sturdivant, Mo.

20. FILED

1-7-39 J.M. Registrar

MEDICAL CERTIFICATE OF DEATH

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

1-7-39

22. I HEREBY CERTIFY, That I attended deceased from

1-4-39, 1939, to 1-7-39, 1939

I last saw him alive on 1-7-39, 1939. Death is saidto have occurred on the date stated above, at 10:10 A.M.

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

Date of onset

Hip Prostate

Other contributory causes of importance:

Coronary EmbolismName of operation Cystostomy Date of 1/6/39What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1939Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed)

J. D. Smith, M. D.

(Address)

Cape Girardeau, Mo.

SEP 10 1949

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 05-01-2010 BY 60322 UCBAW/STP/STP

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1849
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township _____ Primary Registration District No. 3009 Registered No. _____
 (c) City Cape Girardeau (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in this place where death occurred yrs. mos. ds. (If How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city) Elwood Rhodes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 3 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 3-10-39 Jim Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

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) A. L. Fuertner, M. D.

(Address) Cape Girardeau

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED

SUPPLEMENTARY

S-1849