

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

Do not use this

REC'D FEB 24 1939

1. PLACE OF DEATH

County Lawrence

Township Mt. Vernon

City Mt. Vernon

Registration District No. 470

Primary Registration District No. 5-633

(No. Missouri State Sanatorium)

File No. 2866

Registered No. 3-

St. Ward

2. FULL NAME Benner S. Rhodes

(a) Residence, No. 320 Seymour

(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. 2 mos. 21 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Benner S. Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 8 15

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

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) 1929 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Missouri

13. NAME Joseph B. Rhodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Missouri

15. MAIDEN NAME Myles Shirk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Hall Penna

17. INFORMANT E. McMichael, Record Clerk Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour Mo. DATE Jan 12 1939

19. UNDERTAKER Gaspari Funeral Home Mt. Vernon Mo

20. FILED Jan 12 1939 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1938, to Jan. 11, 1939.

I last saw him alive on Jan. 11, 1939 Death is said to have occurred on the date stated above, at 9:45 p.m.

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

Pulmonary tuberculosis Date of onset 1929

Other contributory causes of importance: Tuberculosis, Enteritis and Laryngitis 1938

Name of operation None Date of
What test confirmed diagnosis? Sputum 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. H. Tucker, M. D. (Address) Mt. Vernon Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number

6-39-284

Date Filed

FEB 16 1939