REC'D SEP 21 1939

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

Do not use this space.

30479

112 2

1. PLACE OF DEATH
County: Webster 1
Township: East Benton
City: (No. St. Ward)
Registration District No.: 898
Primary Registration District No.: 6223
File No.:
Registered No.: 36

2. FULL NAME: 320 Marguerette Lucilda Rhodes
(a) Residence, No. St., Ward.
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jeff Rhodes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 11, 1875
7. AGE: Years 63 | Months 9 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Webster Co., Mo.

FATHER
13. NAME: B. F. Braunstetter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Nancy Hardy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centerburn

17. INFORMANT (ADDRESS): Lunda Watson, Fordland, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Panther Valley DATE: July 30, 1939
19. UNDERTAKER (ADDRESS): Kelley-Ferrell, Fordland, Mo.
20. FILED: Aug 18, 1939 Leslie W. Good, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1939, to 7-27, 1939
I last saw her alive on 7-27, 1939. Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
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Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? X Ray 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) Howard T. Mason M.D.
(Address) Fordland Mo.

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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 939-1845
Date Filed SEP 8 1939