

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.

NOV 26 1930

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

Do not use this space.  
33868

1. PLACE OF DEATH  
 County Ray Co Registration District No. 1743  
 Township Crink Primary Registration District No. 5978  
 City Ward (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

2. FULL NAME Veruen 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/27/1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 9 6

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Safe  
 (STATE OR COUNTRY) Morris Co Mo

10. NAME OF FATHER Joseph Rhodes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Lillie Hedrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morgan Co Mo  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Joseph Rhodes  
 (Address) Crink Mo

15. FILED Oct 5 1930 L. E. Ellis  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-3 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1930, to Oct 3, 1930 that I last saw him alive on Oct 2, 1930, and that death occurred, on the date stated above, at 10 o'clock A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Embryo-Calcia  
Feo B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cardiac Failure  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED  
 NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO  
 WHAT TEST CONFIRMED DIAGNOSIS Aliment  
 (Signed) L. E. Ellis, M. D.  
Oct 4, 1930 (Address) Crink Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL High Gate Cem DATE OF BURIAL 10-5 1930

20. UNDERTAKER C. Gibson ADDRESS Crink Mo

