

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

Do not use this space.

22499

AUG 14 1935

1. PLACE OF DEATH

County Cole
Township Merion
City (No.)

Registration District No. 211
Primary Registration District No. 5291

File No.
Registered No. 25
St. Ward

2. FULL NAME

Thomas Rodrick

(a) Residence, No. near Coates town mo 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 14

8. Trade, profession, or particular kind of work done, as splanner, 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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.

13. NAME Fredrick A. Rodrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mexico

15. MAIDEN NAME Unknown

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

17. INFORMANT My William Scott
(ADDRESS) Coates town mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coates town mo DATE July 18, 1935

UNDERTAKER (ADDRESS) Russellville mo.

20. FILED 7/17 19 35 H. T. Beach, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY that I attended deceased from May 29, 1936 to July 17, 1938
I last saw him alive on July 17, 1938 Death is said to have occurred on the date stated above, at 12 m.

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

Acute prostatitis followed by cystitis
Date of onset May 29, 1935

Other contributory causes of importance:
Uremia terminal event

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) H. T. Beach, M. D.
(Address) Ellettsville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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