

STATE OF ILLINOIS,

Effingham COUNTY.

CERTIFICATE OF DEATH.

Full Name of Decedent *W. C. Rhodes*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *male* Color *white* Age *79* Years *10* Months _____ Days _____
Place of Birth *Kentucky* (State or Country.) Lived in Illinois *50* years.

Occupation *Laborer* *~~Single, Married, Widower, or Wid~~

Died on the *10* day of *Feb.* 19 *10*, at about *6* P. M.

Place of Death *1st. ward in Effingham* (Township, Village, or City. If in City, number of Street and Ward.)

Place of Burial *Oak Ridge Cemetery* (Cemetery.) Date of Burial *Feb. 12 -*

Name of Undertaker *A. B. Johnson & Son* Address *Effingham*

CAUSE OF DEATH

Immediate Cause *Cerebral Cerebritis*
Contributory Cause or Complication *Pneumonia*

DURATION

Years	Months	Days	Hours
		<i>2</i>	
		<i>7</i>	

I HEREBY CERTIFY, That the above stated personal particulars are true to the best of my knowledge and belief, and that the cause of death of the above named and described deceased was as above written by me.

WITNESS MY HAND, This *10* th day of *Feb.* 19 *10* } (Signature) *W. L. Goodell*
of *Feb.* 19 *10* } Address *Effingham Ill.*

*Erase as facts require.
Filed for Record this *18* day of *July* 19 *10* *Leahon L. Loy* County Clerk.