

4939

1932  
Effingham  
S. S. 5

STATE OF ILLINOIS

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH County of <u>Effingham</u>	Registration Dist. No. <u>243</u>
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Effingham (City or Village) (Township) (Primary Dist./Dist. No. 3172)

\* (Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).

Street and Number, No. 601 Virginia Ave. St. \_\_\_\_\_ Ward, \_\_\_\_\_ Registered No. 36 (Consecutive No.) Hospital \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number).

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.

2. FULL NAME Enos Rhodes

(a) Residence: No. 601 Virginia Ave. St. \_\_\_\_\_ Ward, \_\_\_\_\_ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah H. Rhodes

6. DATE OF BIRTH (month, day, and year) Oct. 25th, 1851.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>82</u>	<u>6</u>	<u>8</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section man

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Shelby Co., Ill.

13. NAME Beehan Rhodes

14. BIRTHPLACE (city or town) (State or country) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT Laura Turner (personal signature with pen and ink)

P. O. Address 816 E. Wood, Decatur, Ill.

18. PLACE OF BURIAL, Cremation or Removal Cemetery Memorial

19. DATE May 5, 1934

Location Effingham (Township, Road Dist., Village or City)

County Effingham State Ill.

20. UNDERTAKER D. A. Johnson (personal signature with pen and ink) ADDRESS Effingham Ill.  
J.A. Johnson & Son (firm name, if any)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to May 3, 1934, 1934

I last saw him alive on May 3, 1934; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Nitral Stenosis

Other contributory causes of importance:

Old Age

23. { Was an operation performed? No Date of \_\_\_\_\_  
{ For what disease or injury? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

24. If a communicable disease; where contracted? \_\_\_\_\_

Was disease in any way related to occupation of deceased? \_\_\_\_\_

If so, specify how: \_\_\_\_\_

(Signed) E. L. Danron M. D.

Address Effingham

Date 5-4, 1934 Telephone \_\_\_\_\_

\*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed May 4th 1934 R.E. Henderson Registrar.

P. O. Address Effingham Ill.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
NOTE: Local Registrars must make on this form a complete and accurate copy of the Original Certificate, and forward this copy to County Clerk on 10th day of each month. Omissions or abbreviations must not be made. Local Registrars must not issue this form to Undertakers, Physicians or others, but must use it only for preparing County Clerk's (or Local Registrar's) Copies.  
Has decedent ever served in military or naval service of U. S. ? Ed

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 2, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Statistics Act.

TE 4-8-1980 SIGNED Lourence W. Lee

AT Effingham, Illinois. OFFICIAL TITLE Co. CLERK

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.