

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

Do not use this space.

JAN 21 1931
1861 12 AM

1. PLACE OF DEATH

County Permissee
Township _____
City Steele (No. _____) St. _____ Ward _____

Registration District No. 655
Primary Registration District No. 4392

File No. 36969-B
Registered No. _____

2. FULL NAME

Phillips Dudley Rhodes
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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 m 4. COLOR OR RACE wo 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-2-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 0 0 7 hrs.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Steele
(STATE OR COUNTRY) mo

PARENTS
10. NAME OF FATHER John H. Rhodes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) millers
(STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Jas Alice Phillips
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Steele
(STATE OR COUNTRY) mo

14. INFORMANT Mrs Johannie Phillips
(Address) Steele mo

15. FILED 11/3/30 Mac P. Kelly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-2-1930

17. I HEREBY CERTIFY, That I attended deceased from 11-2 1930 to 11-2 1930 that I last saw him alive on 11-2 1930 and that death occurred, on the date stated above, at 10:37 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
15 1/16 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. H. ... M. D.
, 19 30 (Address) Steele 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 mt Zion cem DATE OF BURIAL 11-3-1930

20. URBERTAKER Sam ... ADDRESS Steele mo

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY

