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.

AUG 14 1934

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

Do not use this space.

File No. 23572

Registered No. 133

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125

Township: — — Primary Registration District No. 3009

City: Jackson (No. 413 North St. St. ... Ward)

2. FULL NAME: Infant Rhodes

(a) Residence, No. 413 North 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24-1934

7. AGE — YEARS: 0 — MONTHS: 0 — DAYS: 2 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Cape Girardeau Mo.

FATHER

13. NAME: Robert Rhodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Coshujko, Miss

MOTHER

15. MAIDEN NAME: Carrie Riddle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Coskujko, Miss

17. INFORMANT: Robert Rhodes
(ADDRESS): Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fairmount — DATE: July 27, 1934

19. UNDERTAKER: Walthys Und. Co
(ADDRESS): Cape Girardeau, Mo.

20. FILED: July 27-1934 — J. M. Thompson, L.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24-, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934 to July 24, 1934, I last saw him alive on July 24, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Premature — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (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) Dr. Paul R. Williams, M. D.

(Address) Cape Girardeau Mo.