

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

17965

**1. PLACE OF DEATH**

County Carroll, Registration District No. 141 File No. \_\_\_\_\_  
 Township Fairfield, Primary Registration District No. 5-202 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME David J. Phillips,**

(a) Residence No. \_\_\_\_\_ 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~~ Married,  
(write the word)  
 5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Mrs. Mary Phillips,  
HUSBAND OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-19th.-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	46	1	27	

8. OCCUPATION OF DECEASED 824  
 (a) Trade, profession, or particular kind of work Farmer,  
 (b) General nature of industry, business, or establishment in which employed (or employer) Farming,  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) South Wales,  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Thomas Phillips,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>South Wales,</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Mary Howell,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>South Wales,</u> (STATE OR COUNTRY)

14. INFORMANT W. J. Phillips  
 (Address) 3904 E-13<sup>th</sup> - Kansas City, Mo.

15. FILED James S. Colby M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) June-16<sup>th</sup> 1922

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 4 a.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Died Without Medical Attention

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO.

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) E. O. Michael, M.D.  
6/17/22 (Address) Raymond, Mo.

\*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Plymouth Cemetery, - DATE OF BURIAL June 19-1922.

20. UNDERTAKER E. O. Michael Raymond, Mo. ADDRESS \_\_\_\_\_

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.

THIS IS A PERMANENT RECORD

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of un-able terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

REGISTRAR

David J. Phillips of Fairfield <sup>Conn</sup>  
Died at his home between the hours of 12 midnight  
and 4 am. Death was probably caused by  
Apoplexy, as the dissection of his death at 4 am.  
indicated the change was free from a struggle.  
He was found lying upon his back  
pulsless and lifeless. Mr Phillips was 46  
years old last April. There is no history  
of any lingering or chronic disease  
since the determination of death from  
Arthritis or Rheumatic troubles.

Dr R. O. Harris's <sup>Cream</sup>  
Crematorium No.

# VERDICT OF CORONER'S JURY

17965

STATE OF MISSOURI, } ss.  
County of Carroll.

An inquisition taken at \_\_\_\_\_ in the county of Carroll, on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_, before me, C. B. Lawrence, Coroner of the county aforesaid, upon the view of the body of \_\_\_\_\_ then and there lying dead \_\_\_\_\_

\_\_\_\_\_ good and lawful men, householders of the township of \_\_\_\_\_ in the county aforesaid, who being sworn and charged diligently to inquire and true presentment make, how and in what manner, and by whom, the said \_\_\_\_\_ came to his death, upon their oaths do say, \_\_\_\_\_

In witness whereof, as well the aforesaid coroner as the jurors aforesaid, have to this inquisition put their names, at the place and on the day and year aforesaid.

JURY

Coroner.