APR 26 1927

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

Do not use this space.

5249

1. PLACE OF DEATH
County Laclede — Registration District No. 453 — File No.
Township Gasconade — Primary Registration District No. 5614 — Registered No.
City ~~Nebo~~ (No. ..... St. ..... Ward)

2. FULL NAME 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: Female
4. COLOR OR RACE: M
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-9-1927
7. AGE: YEARS | MONTHS | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

PARENTS
10. NAME OF FATHER H T Phillips
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Carrell Co Mo
12. MAIDEN NAME OF MOTHER Nannie Crews
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wright Co Mo

14. INFORMANT H. T. Phillips (Address) Winnipeg Mo
15. FILED 2-26-1927 L D Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19-1927
17. No medical attendant
I HEREBY CERTIFY, That I attended deceased from ..... No, 19..., to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature Birth.
159
161a
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L D Hartley, M. D
, 19 (Address) Nebo

*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: Carnel Cemetery — DATE OF BURIAL: 2-20 1927
20. UNDERTAKER: Clarrance Davis — ADDRESS: Winnipeg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD