APR 27 1927

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

Do not use this space.

9354

1. PLACE OF DEATH

County St. Charles — Registration District No. 760 — File No.

Township Dardenne — Primary Registration District No. 6001 — Registered No. 10

City ~~Fallon~~ (No. ..... St. ..... Ward)

2. FULL NAME John Phillips

(a) Residence. No. Fallon Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) Mrs. Helen Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 - 1850

7. AGE: Years 76 — Months ~~76~~ 5 — Days 12 — If LESS than 1 day, ... hrs. or X min.

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

9. BIRTHPLACE (CITY OR TOWN) St Charles Co. (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: John M. Phillips
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Rosina Fehr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

14. INFORMANT (Address) John Phillips Fallon Mo

15. FILED 3/17, 1927 J. M. Jenkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 11 ~~Mar 15~~, 1927, to Mar 15, 1927 that I last saw him alive on Mar 13, 1927, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis
131
92A
129A
from history (duration) 12 yrs. 0 mos. 4 ds. +

CONTRIBUTORY (SECONDARY) Valvular Disease of heart mitral regurgitation
from history (duration) 12 yrs. 0 mos. 4 ds. +

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination, history and laboratory tests.

(Signed) Will L Freeman, M.D.

3/16, 1927 (Address) St Charles 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, ~~OPERATION, OR REMOVAL~~ Cottleville Mo. — DATE OF BURIAL 3/17 1927

20. UNDERTAKER E A Keithly — ADDRESS Fallon Mo.

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.