

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

Do not use this space.

18530

1. PLACE OF DEATH

County..... Jackson Registration District No. 399
 Township..... New Primary Registration District No. 1002
 City..... Kansas City (No. Trinity Lutheran Hospital) St. Ward

File No.
 Registered No. 1535
 St. Ward

2. FULL NAME

(a) Residence. No. 5826 Euclid 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 Wm Douglas Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
64 | 2 | 9

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

9. BIRTHPLACE (CITY OR TOWN) Libertyville Iowa
 (STATE OR COUNTRY)

10. NAME OF FATHER Iseo Beall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Libertyville Iowa
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucy Wamsley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington
 (STATE OR COUNTRY)

14. INFORMANT Wallie K. Phillips
 (Address) 5826 Euclid

15. FILED 6/30 27 M.M. Croome
 REGISTRAR West

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1 1927, to June 28 1927
 that I last saw her alive on June 28 1927, and that death occurred, on the date stated above, at 5 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anaemia
82A
132B 74A
 (duration) yrs. mos. da. 5

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage
 (duration) yrs. mos. da. 1

18. WHERE WAS DISEASE CONTRACTED 5826 Euclid Ave
 IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. clinical
 (Signed) A. P. Brown M.D.
6-30, 1927 (Address) 1019 Applegate Bldg
Kansas City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL 6-30 1927

20. UNDERTAKER Clyde Bros ADDRESS 1800 Elmwood

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.

