

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

Do not use this space.

9366

1. PLACE OF DEATH

County Jasper
 Township Jasper
 City Carl Junction

Registration District No. 406
 Primary Registration District No. 4270

File No. _____
 Registered No. 6
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2 Ward. _____
 (Usual place of abode) Joplin (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 34 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 4 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work miner
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Melvern
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER William Phillips

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

12. MAIDEN NAME OF MOTHER Sarah Durrant

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wheeling
 (STATE OR COUNTRY) W. Virginia

14. INFORMANT Lulu Phillips
 (Address) Carl Junction, Mo

15. FILED 3/8 28 C. W. Honey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 7th 1928, to Mar. 7th 1928
 that I last saw him alive on Mar. 7th 1928, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Pulmonary

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) D. L. Liberty, M. D.
 (Address) Carl Junction, 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, CREMATION, OR REMOVAL Mound Cemetery, Cherokee Co. Ks DATE OF BURIAL Mar. 9th 1928

20. UNDERTAKER Roney Merc. Co ADDRESS Carl Jct. 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.

1928

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