

MAY 28 1928

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

Do not use this space.

12524

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township Cape

Primary Registration District No. 3009

City Cape Girardeau (No. Missouri 319 N. H. Bell)

File No. 1082

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence No. John Howard Phillips
Dorchester Arkansas 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 23 - 1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
<u>6</u>	<u>5</u>	<u>23</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY) Mississippi County

10. NAME OF FATHER John Phillip

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Rena Sadtler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry County, Missouri
(STATE OR COUNTRY) _____

14. INFORMANT Mr. John Phillip
(Address) _____

15. FILED 4/17 28 W. C. Koenig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1928, to Apr 16, 1928, that I last saw him alive on Apr 16, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria (Meebroun's type)

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED Public schools Ark
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. A. Mayfield, M. D.

4-16-28 (Address) Schleiden Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Commerce, Mo DATE OF BURIAL 4-19 1928

20. UNDERTAKER W. C. Bunkopf ADDRESS 536 Broadway

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.

