

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *Barnes Hospital*)**2. FULL NAME**(a) Residence, No. *Aurora Mo.* St., *12* 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****6. DATE OF BIRTH (MONTH, DAY AND YEAR)***July 7 1908***7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

*19**11**12***8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Grocery clerk

(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)

*Mo. Jesse E. Phillips***10. NAME OF FATHER****11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Ferny G. Chapman***12. MAIDEN NAME OF MOTHER****13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Mo.***14.**INFORMANT
(Address)*J. E. Phillips
Aurora Mo.***15.**

FILED

*Max E. Standley
REGISTRAR*

791

608

File No.

Registered No.

St.

Ward

22417

6609

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)***June 24 1928***17.**

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:*Subcutaneous - chr. pulmonary***CONTRIBUTORY (SECONDARY)**

Hemorrhage, Pulm. Operation for bleeding from arteries of latest cause unknown

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

Yes

DATE OF

*6-12-28***20. WAS THERE AN AUTOPSY?**

Yes

21. WHAT TEST CONFIRMED DIAGNOSIS?*Autopsy*

(Signed)

nomomoc

M. D.

, 19

(Address)

600 S. Kensington

*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**DATE OF BURIAL***Aurora Mo.**June 27 1928***20. UNDERTAKER**

ADDRESS

Philander Craig Washington

2/03
C. M. M. M.