

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Monroe
 Township Glendale
 City Grant City (No.)

Registration District No. 903Primary Registration District No. 4545-File No. 26279Registered No. 14St. Ward

2. FULL NAME

Hila C. Phillips

(a) Residence. No. St. Ward

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widowed

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

Samuel Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 10 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

80

4

29

8. OCCUPATION OF DECEASED

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

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

Housework

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Gloomfield
Iowa

10. NAME OF FATHER

Lee C. Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wheeling
Virginia

12. MAIDEN NAME OF MOTHER

Marilla Stevens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Evansville Indiana

14.

INFORMANT Thomas C. Phillips
(Address) Grant City, Mo.

15.

FILED

7/9 28 John A. Areas

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 9 1928

17.

I HEREBY CERTIFY That I attended deceased from Feb. 7, 1928, to July 9, 1928
 that I last saw her alive on July 9, 1928, and that death occurred, on the date stated above, at 7-9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy (?)
Sudden death

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Arterio-Sclerosis
Several years

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

O. M. Mills

M. D.

7-9-1928 (Address)

Grant City 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

DATE OF BURIAL

Kirk, Allendale, Mo. July 10 1928

20. UNDERTAKER

ADDRESS

H. C. Mumma Bloghton

