

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Jackson
City Paris (No. St. Ward)

Registration District No. 582
Primary Registration District No. 4344

File No. 27967
Registered No. 43

2. FULL NAME

James William Phillips

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 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 OF Annie Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31st 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 — 28

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

9. BIRTHPLACE (CITY OR TOWN) Near Paris, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER James Phillips

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

12. MAIDEN NAME OF MOTHER Amanda Phillip

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

14. INFORMANT Mrs. Annie Phillips (Address) Monroe City, Mo.

15. FILED 8/30, 1928 W. C. Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/29 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 29, 1928, that I last saw him alive on Aug 29, 1928, and that death occurred, on the date stated above, at 1:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia
151 1290
12213 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis (duration) 2 yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Geo. M. Kayser, M. D. 8/30, 1928 (Address) Paris, 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 Salon DATE OF BURIAL 8/30 1928

20. UNDERTAKER Speed & Blakey ADDRESS Paris, 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.

