

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

Do not use this space.

28002

SEP 27 1928

1. PLACE OF DEATH  
 County New Madrid Registration District No. 603  
 Township ..... Primary Registration District No. 4357  
 City Marion (No. ....) St. .... Ward) .....

2. FULL NAME Elijah Phillip  
 (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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. ....  
 Registered No. 9  
 St. .... Ward) .....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) .....

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 11 .....

8. OCCUPATION OF DECEASED  
 (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) (STATE OR COUNTRY) Marion Mo

10. NAME OF FATHER E Phillip

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

12. MAIDEN NAME OF MOTHER Effie May King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo -

14. INFORMANT Rose Harris  
 (Address) Marion Mo

15. FILED Sept 28 1928 John J. Parnis  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 7 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
No doctor in attendance  
Sties Colitis  
119B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 113B (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

9 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) John J. Parnis  
 (Address) Marion

\*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 Charleston Mo DATE OF BURIAL Sept 21 1928

20. UNDERTAKER John J. Parnis ADDRESS Marion

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2.

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.

