JAN 22 1929

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

Do not use this space.

39961

File No. 4

Registered No. 10

1. PLACE OF DEATH

County Clinton

Township Platte

City Cameron (No. ..... St. ..... Ward)

Registration District No. 210

Primary Registration District No. 2290

2. FULL NAME Jesse Whitacre 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 6 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)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23, 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	11	20	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Platte City (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Geo Phillips

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

12. MAIDEN NAME OF MOTHER Eliza Whitacre

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

14. INFORMANT Mrs Minnie Phillips (Address) Perrin Mo

15. FILED Dec 14, 1928 John Ray, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 13, 1928, that I last saw him alive on Dec 13, 1928, and that death occurred, on the date stated above, at 5 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11A
108

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia of both lungs

..... (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? n.a.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John Ray, M. D

Dec 14, 1928 (Address) Perrin 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 Platte City Mo — DATE OF BURIAL 12-16 1928

20. UNDERTAKER Buel R. Nelson — ADDRESS Platte City 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.

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

MAY 22 1945