

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

Do not use this space.

24306

**PLACE OF DEATH**

County Greene  
Township Wilcox  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 2/11  
Primary Registration District No. 5433

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Daniel Hefer 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs Nellie Phillip

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 15 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 5 18

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

9. BIRTHPLACE (CITY OR TOWN) Mayville Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel Phillip

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

12. MAIDEN NAME OF MOTHER Malinda Daniels

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

14. INFORMANT Mrs Nellie Phillip  
(Address) Ravenwood Mo

15. FILED 7/6 1929 L. A. Nelson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1929

17. I HEREBY CERTIFY, That I attended deceased from July 3 1929, to July 3 1929 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at 1.10. P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Liver and Stomach  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 4440  
(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) Gas. J. Carke M. D.  
July 4, 1929 (Address) Stambery, 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 Stambery Mo DATE OF BURIAL 7/6 1929

20. UNDERTAKER Ratoy G. Phillip ADDRESS Stambery 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.

38  
85 1929

Dr. V. G. Crockett

11-11-11

11-11-11