

MAR 25 1930

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

Do not use this space.

4187

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 2024 Felix Street

File No.

Registered No. 257

St.

Ward)

2. FULL NAME George W Phillips

(a) Residence. No. 2024 Felix Street

St.

Ward.

(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

Male

4. COLOR OR RACE

White

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

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Myrtle Philips

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

March 6, 1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

34

11

21

8. OCCUPATION OF DECEASED

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

Linotype Operator

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

(c) Name of employer

Gazette News Press

9. BIRTHPLACE (CITY OR TOWN)

Pierce

(STATE OR COUNTRY)

Stark Co. Ohio

10. NAME OF FATHER

S J Phipps

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Amanda Hisle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

Amanda Philips

(Address)

Thayer Kansas

15.

FILED

19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

February, 27 1930.

17.

I HEREBY CERTIFY, That I attended deceased from

Viewed on

19....., to

19.....

that I last saw him..... alive on..... 19....., and that
death occurred, on the date stated above, at..... 3. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by Strychnine Poisoning
at 2024 Felix St St Joseph Mo.

16 3 1/2

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) 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

History

(Signed) B.W. Tadeo Coroner, M. D.

2/27, 1930

(Address)

St Joseph 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

Thayer Kansas

Mar. 2 1930

20. UNDERTAKER

ADDRESS

1802 Union St

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.

FILED
28 1930

