

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.

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

Do not use this space.

APR 30 1930

9091

1. PLACE OF DEATH

County Jackson
Township Oak Grove
City Oak Grove (No. _____)

Registration District No. 402
Primary Registration District No. 4287

File No. _____
Registered No. 8 St. _____ Ward _____

2. FULL NAME

Wm. Clark 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 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/27/1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 11 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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) Indiana

10. NAME OF FATHER Martin Phillips

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

12. MAIDEN NAME OF MOTHER Arcan Hoosie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) U. S. of A.

14. INFORMANT Mattie Phillips
(Address) Oak Grove Mo.

15. FILED 3/12, 1930 A. H. Mann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/2 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1930 to Mar 1, 1930 that I last saw alive on Mar 1, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Brights disease

(duration) Several years ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) _____ yrs. _____ mo. _____ da.

18. WHERE WAS DISEASE CONTRACTED 1890

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) E. P. Perry, M. D.

3/17/1930 (Address) Oak Grove

*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 Hall's Oak Grove Cem. DATE OF BURIAL 3/5 1930

20. UNDERTAKER J. O. Webb ADDRESS Oak Grove, Mo.

