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

Do not use this space.
21581
[redacted]

AUG 26 1930

1. PLACE OF DEATH

County Scotland — Registration District No. 810 — File No.
Township Jeff — Primary Registration District No. 6055 — Registered No. 45
City (No. St. Ward)

2. FULL NAME Julia Ann Phinney

(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: Female
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: Jack Phinney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 26, 1870

7. AGE: 60 YEARS — MONTHS: 0 — DATE: 26 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house wife
(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): Scotland Co Mo.

PARENTS
10. NAME OF FATHER: David Needham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mary Lancaster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Virgil Phinney
(Address) Memphis Mo

15. FILED 7/16, 1930 E. E. Parrish REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 22 1930

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1930, to June 22, 1930 that I last saw her alive on June 21, 1930, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Angina Pectoris
94A

89

(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? 720 DATE OF

WAS THERE AN AUTOPSY? 710

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) A. E. Platter M. D

6/22, 1930 (Address) Memphis 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: Memphis cemetery — DATE OF BURIAL: 6/23/1930

20. UNDERTAKER: W. H. Payne & Sons — ADDRESS: Memphis

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.