

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

Do not use this space.

22357

1. PLACE OF DEATH

County Cooper Registration District No. 223
Township Pilot Grove Primary Registration District No. 4136
City Pilot Grove (No. _____ St. _____ Ward)

File No. _____
Registered No. 3

2. FULL NAME

William Filey 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 36 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 Hazel Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11 - 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>36</u>	<u>10</u>	<u>28</u>	

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). Self
(c) Name of employer. None

9. BIRTHPLACE (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Filey Phillips

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Kate Gentry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. J. J. Patten
(Address) Chief of Police, Pilot Grove, Mo.

15. FILED 8-18, 1936 Ewing Hunt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9, 1936

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1936, to July 9, 1936, that I last saw him alive on July 9, 1936, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accident (Tractor)

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. S. Barnes, M. D.

July 9, 1936 (Address) Pilot Grove 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 Pilot Grove Cemetery DATE OF BURIAL July 11, 1936

20. UNDERTAKER Jays - Stockfleiter ADDRESS Pilot Grove 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.

RECORD WITH ORIGINALS IN THIS IS A COMPLETE RECORD

SEP 24 1936

