

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

Do not use this space.

32977

File No. _____
Registered No. **4207** _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3409 Wyandotte)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME

Elizabeth Ann Phipps
(a) Residence. No. 3409 Wyandotte St. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Eugene A. Phipps

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19, 1843

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>11</u>	<u>27</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) Missouri

10. NAME OF FATHER Samuel S. Colburn

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

12. MAIDEN NAME OF MOTHER Elizabeth Cunningham

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

14. INFORMANT Mrs. J. J. Hearn
(Address) 3469 Wyandotte

15. FILED 10/16, 1930 M. M. Croone REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Febr 25, 1924, to Oct 16, 1930 that I last saw him alive on Oct 15, 1930, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocard. degeneration
93C
107A
(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY to mcho-pneumonia
(SECONDARY) (duration) _____ yrs. mos. 3 ds.

18. WHERE DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) Dr. J. Wolf M. D.

Oct No. 19 30 (Address) 620 Arch St Bldg

*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 Otherville, Mo. DATE OF BURIAL 10/18 1930

20. UNDERTAKER Dr. Newcomer's Sons ADDRESS Redwood

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. J. J. Holt
620 College Bldg
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