

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

Do not use this space.

File No. **38690**  
Registered No. **248**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PLACE OF DEATH  
County **Butler** Registration District No. **89**  
Township **Poplar Bluff** Primary Registration District No. **2731**  
City **Poplar Bluff** (No. \_\_\_\_\_)

2. FULL NAME **Phillip James Mary**  
(a) Residence. No. **Rural** St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **11** 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 **Mary E. Mary**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 14, 1852**

7. AGE	YEARS	MONTHS	DAYS	IT LESS than 1 day, hrs. or min.
<b>78</b>	<b>9</b>	<b>13</b>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Tailor**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Dansville,**  
(STATE OR COUNTRY) **New York**

10. NAME OF FATHER **Phillip James Mary**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) **Germany**

14. INFORMANT **Mary E. Mary**  
(Address) **Poplar Bluff, Mo. Gen. Del**

15. FILED **Dec 27 30** **B. J. Clair** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 27, 1930**

17. I HEREBY CERTIFY, That I attended deceased from **9/23**, 1920, to **7 2 - 23, 1920** that I last saw **17** alive on **9/23**, 1920, and that death occurred, on the date stated above, at **5:45** A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Gardes - Nephritis**  
**95 B**  
**1/09** (duration) **1** yrs. mos. ds.

CONTRIBUTORY **Semlet** (SECONDARY) (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? **clinical system**  
(Signed) **A. J. Clay**, M. D.

**12/27**, 1920 (Address) **Poplar Bluff, 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 **Catholic cemetery** DATE OF BURIAL **Dec. 29, 1930**

20. UNDERTAKER **Greer Unkertaking Co.** ADDRESS **Poplar Bluff Missouri**

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.

JAN 19 1931

