MAY 27 1931

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

Do not use this space.
15279

1. PLACE OF DEATH
County Polk — Registration District No. 702 — File No.
Township ~~Madison~~ — Primary Registration District No. 4423 — Registered No.
City Fairplay (No. , St. Ward)

2. FULL NAME Nancy J. Phillips
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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 HUSBAND OF (OR) WIFE OF Thomas R. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 5
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo!

FATHER
13. NAME William Heydon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Nancy Levin Heydon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mott Known

17. INFORMANT (ADDRESS) T. H. Phillips, Bolivar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem DATE Apr 26 1931

19. UNDERTAKER (ADDRESS) Hutcheson - Blue

20. FILED Apr 27 1931 Chas H Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1931, to April 25, 1931
I last saw her alive on April 17, 1930. Death is said to have occurred on the date stated above, at 1:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	3/19/31
92A	
11B	

11B

Other contributory causes of importance:
Aortic Stenosis — 1923

Name of operation NO Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D E Hammonthee, M. D.
(Address) Bolivar Mo