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

Do not use this space.
17192

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St Joseph (No. Missouri Methodist Hosp St. Ward)

File No.:
Registered No.: 537

2. FULL NAME: Ralph K. Phillips
(a) Residence. No. St., Ward. Fairfax Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

JUN 24 1931

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: Ethel Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 7, 1882

7. AGE: Years 49. Months 3 Days 13 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Pleasanton
(STATE OR COUNTRY): Kansas.

PARENTS
10. NAME OF FATHER: John Phillips
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Ia. unknown
12. MAIDEN NAME OF MOTHER: Angie Kelly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Iowa

14. INFORMANT: Mrs. Ethel Phillips
(Address): Fairfax Mo.

15. FILED 5-20, 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 20 1931

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1931, to May 20, 1931, that I last saw him alive on May 19, 1931, and that death occurred, on the date stated above, at 1:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of liver
(duration) yrs. 8 mos. ds.
CONTRIBUTORY (SECONDARY): Cancer of Stomach
(duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. S. Gaumer, M. D
May 20, 1931 (Address) St Joseph 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: Fairfax Mo
DATE OF BURIAL: May 22 1931
20. UNDERTAKER: Heaton Be Jole & Bowman
ADDRESS: 319 So. 10th St Joseph 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.

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