

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

Do not use this space.

20532'

1. PLACE OF DEATH

County Bosque
Township Centralia
City Centralia (No. _____)

Registration District No. 72
Primary Registration District No. 4041

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Lula Y Phillippe
(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ray M Phillippe</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 31 1901</u>		
7. AGE	YEARS	MONTHS
	<u>29</u>	<u>9</u>
		DAYS
		<u>7</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1931

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1931, to June 8, 1931, and that I last saw her alive on June 8, 1931, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Insufficiency and Chronic Cardiac dilatation
72 (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 72 (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 72
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. S. White, M. D.

June 10, 1931 (Address) Centralia 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.

9. BIRTHPLACE (CITY OR TOWN) Calloway Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER W. E. Tholsen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sally Wells

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

14. INFORMANT Ray M P Phillippe
(Address) Centralia Mo

15. FILED 6/10 1931 J. F. Harrison
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centralia Mo County 6-10 1931

20. UNDERTAKER M. Medaus ADDRESS Centralia 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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 22 1931

