

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

Do not use this space.

30459

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township Saltriver Primary Registration District No. 5034
City Merced Mo. R-7-10 St. _____ Ward _____

File No. _____
Registered No. 109
St. _____ Ward _____

2. FULL NAME Wilborn Waver Phillips

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 16 - 1897</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>1</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman at Brick Plant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Merion Co., Ind.</u>		
FATHER	13. NAME <u>Frances Marion Phillips</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
	15. MAIDEN NAME <u>Outler</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fla.</u>	
	17. INFORMANT <u>Howard Brian Phillips</u> (ADDRESS) <u>2220 S. 1st St. Merion Ind.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rollflower, Ind.</u> DATE <u>Sept. 30, 1931</u>		
19. UNDERTAKER <u>McPheters Bros</u> (ADDRESS) <u>Merion Ind.</u>		
20. FILED <u>Sept. 19, 1931</u> <u>Ira S. Mulligan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

By accidental overturning of car on Suburban Highway just W of Plant Car being driven by his own hand

2:10 P

Other contributory causes of importance:

2:10

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. McD. Bradford Crowder
(Address) Andrew C. Plant House Merion Ind.

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.

OCT 23 1931

