

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

Do not use this space.

30998

**1. PLACE OF DEATH**

County Linn Registration District No. 318  
 Township Springfield Primary Registration District No. 200  
 City Springfield (Name) St. Johns Hospital Registered No. 646 Ward

**2. FULL NAME**

(a) Residence, No. 1000 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 MEDICAL CERTIFICATE OF DEATH**

7. SEX Male  
 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 -  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/2/1866  
 7. AGE YEARS 65 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. By Condenser  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25 or 40 years  
 10. Date deceased last worked at this occupation (month and year) 9-4-31 11. Total time (years) spent in this occupation 9-4-31  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.  
 MOTHER FATHER 13. NAME John A. Phillips  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.  
 15. MAIDEN NAME John A. Phillips  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.  
 17. INFORMANT (ADDRESS) J. A. Phillips  
 18. BURIAL OR REMOVAL PLACE St. Johns Hospital DATE 9-6-31  
 19. UNDERTAKER (ADDRESS) J. A. Phillips  
 20. FILED 9-4-31 1931 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1931  
 22. I HEREBY CERTIFY, That I attended deceased from 9-3-31 to 9-4-31 1931  
 I last saw him alive on 9-4-31 1931 Death is said to have occurred on the date stated above, at 3 A.M.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset 9-4-31  
Coronary Thrombosis  
9-4-31  
 Other contributory causes of importance 9-4-31  
Hypertension  
arteriosclerosis undet.  
 Name of operation NO Date of NO  
 (What test confirmed diagnosis? NO Was there an autopsy? NO)  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? NO Date of injury NO, 19NO  
 Where did injury occur? NO (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury NO  
 Nature of injury NO  
 24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify NO  
 (Signed) P. M. Agency M. D.  
 (Address) Miss M. J. Springfield, Mo.

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 22 1931

694