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

Do not use this space.

35019

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township -x- — Primary Registration District No. 3029 — Registered No. 269

City Hannibal (No. 2518, Pleasant St. 1st Ward)

2. FULL NAME Crumpsie Phillips

(a) Residence, No. 2518 Pleasant St., 1st Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Divorced

5A. IF MARRIED, ~~WIDOWED~~, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Wm. Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry-goods store

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) Hannibal Missouri

FATHER

13. NAME James Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known

MOTHER

15. MAIDEN NAME Mary J. Coffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known

17. INFORMANT Mrs. Virgie Munson
(ADDRESS) 2518 Pleasant, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE Oct. 9, 1931

19. UNDERTAKER Wm. M. Smith
(ADDRESS) 902 Bdwy, Hannibal, Mo.

20. FILED Oct 12, 1931 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1931, to 10-2-, 1931

I last saw her alive on 10-1-, 1931 Death is said to have occurred on the date stated above, at 9:45a m.

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

Secondary anemia — Date of onset: Not known

97

71B

97

Other contributory causes of importance:
Arterio-schlerosis of brain

Name of operation -- Date of --

What test confirmed diagnosis? -- 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) J. C. Whittaker M. D.

(Address) 500 Broadway Hannibal 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.