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.

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

Do not use this space.
40987

1. PLACE OF DEATH
County Jackson — Registration District No. 395
Township Kaw — Primary Registration District No. 1[illegible]
City Kansas City (No. 3721 Garfield St. Ward)
File No.
Registered No. 1975

2. FULL NAME Shirley Marie Phillips
(a) Residence, No. 3721 Garfield St. 13 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 Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 26 - 1931
7. AGE YEARS 0 MONTHS 10 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas city Mo

FATHER
13. NAME James M Phillips Jr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Marie Ethel Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) James M Phillips 3721 Garfield
18. BURIAL, CREMATION, OR REMOVAL
PLACE Touch Hill DATE Dec - 16 1931
19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons K. C. Mo.
20. FILED 12/15 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to Dec 14, 1931
I last saw her alive on Dec 12, 1931. Death is said to have occurred on the date stated above, at 9:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia Primary	Dec 10, 1931
107A	
107A	

Other contributory causes of importance:

Name of operation none 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) Charles J Eldridge, M. D.
(Address) 6247 Brookside