

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

Do not use this space.

9660

1. PLACE OF DEATH
 85 County Putnam Registration District No. 713
 4 Township Cotton Primary Registration District No. 14425
 1 City Wagnonville (No. _____) St. _____ Ward _____

2. FULL NAME Isarah Z. Phillips
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 3 mos. 1 da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. 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) March 12th 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) 1925
 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
 13. NAME Levi Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagonville

MOTHER
 15. MAIDEN NAME Caroline Goyz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagonville

17. INFORMANT Una Jabor
 (ADDRESS) Wagonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE 3/15 1932

19. UNDERTAKER Hop & Sons
 (ADDRESS) Concord Mo

20. FILED 3/14 1932 C. G. Talbot
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932, to March 14 1932
 I last saw him alive on March 14 1932 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
92 H
11 B
92 A
 Other contributory causes of importance:
Sen
 (Date of onset) 1

Name of operation _____ Date of _____
 What test confirmed diagnosis? Typical 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? No
 If so, specify _____
 (Signed) C. G. Talbot, M. D.
 (Address) Wagonville

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.

APR 20 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

