

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

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18631

**1. PLACE OF DEATH**

5 County Barry Registration District No. 38  
Township White River Primary Registration District No. 2054  
City (No. St. Ward)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Mrs. Minnie Maud 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26<sup>th</sup> 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF William G. Phillips  
(OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from June 22<sup>nd</sup> 1932, to June 26<sup>th</sup> 1932.  
I last saw her alive on June 22<sup>nd</sup> 1932. Death is said to have occurred on the date stated above, at 4:35 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1888

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 5 27

Chronic Bronchitis and Pulmonary Congestion  
Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping  
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 spent in this occupation

Other contributory causes of importance:  
Probably Influenza

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

13. NAME John Miller

Name of operation None Date of \_\_\_\_\_

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

What test confirmed diagnosis? None Was there an autopsy? No.

15. MAIDEN NAME Delia Samuel

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT W. G. Phillips  
(ADDRESS) Galderwood

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Unity Cemetery DATE 6-25-1932

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_

19. UNDERTAKER Lloyd Jones  
(ADDRESS)

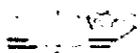
(Signed) D. G. Mitchell, M. D.

20. FILED 7/7 1932 Emma Weddington  
Registrar.

(Address) Cassville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUL 21 1932



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Barry Registration District No. 38  
 Township White River Primary Registration District No. 3734  
 City (No. ) St. Ward

2. FULL NAME Missie Maud 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.

File No. ....  
 Registered No. ....

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28-1888

7. AGE	YEARS <u>43</u>	MONTHS <u>5</u>	DAYS <u>27</u>	IF LESS than 1 day, .....hrs. or .....min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 77 1932 Erma Weddington Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
 I last saw h..... 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:  
 Date of onset

Other contributory causes of importance:

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)....., M. D.  
 (Address).....

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED IF  
 N. B. - very item of information should be carefully sup-  
 CAUSE OF DEATH in plain terms, so that it may be pro-

issued. Exact statement of OCCUPATION is ver-

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