

MISSOURI STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

39 County Missouri
 3 Township Springfield
 3 City Springfield (No. 919 S. Nettleton Ave.)

Registration District No. 318
 Primary Registration District No. 2001

19238
 File No. _____
 Registered No. 439
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 919 S. Nettleton Ave. Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 - 1931

7. AGE YEARS 2 MONTHS 3 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mo.

FATHER 13. NAME Robert E. Phillips 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

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

17. INFORMANT (ADDRESS) R. E. Phillips 919 S. Nettleton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville Mo. DATE 6-21 32

19. UNDERTAKER (ADDRESS) W. F. Thomas Springfield Mo.

20. FILED 6-21 1932 Rolper Whangston Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-32

22. I HEREBY CERTIFY, That I attended deceased from 6-18 1932 to 6-20-32

I last saw him alive on 6-19 1932 Death is said to have occurred on the date stated above, at 7:45 AM

The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
Intestinal Flu

Other contributory causes of importance: _____

Date of onset _____

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? no 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 related to occupation of deceased? no
 If so, specify _____
 (Signed) E. Ford Cartwright, M. D.
 (Address) Springfield 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.

JUL 23 1932

