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.

AUG 22 1932

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

Do not use this space.

21971

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 83 — File No.

Township Crawford — Primary Registration District No. 5124 — Registered No.

City ~~St Joseph Mo~~ (No. Route # 5 Highway # 71 St. Ward)

2. FULL NAME Johnathan Phillips

(a) Residence, No. St., Ward. Wathena, Kansas
(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: Male
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) October 1, 1876

7. AGE: YEARS 55 — MONTHS 9 — DAYS 8 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Buchanan County Missouri 1

FATHER

13. NAME J. H. Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa 2

MOTHER

15. MAIDEN NAME Margaret E. Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Missouri 1

17. INFORMANT (ADDRESS) Benoni Cox Agency Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wallace, Mo. DATE July 10, 1932

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home St Joseph Mo

20. FILED July 9, 1932 W. S. Hull Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1932

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Homicide by fire arms on High way No 71 Buchanan County

Date of onset

173/73

Other contributory causes of importance:

5

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 7/9, 1932
Where did injury occur? Buchanan Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Gun Shot
Nature of injury Shot thro, chest

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

(Signed) B. W. Todd Cor Corober, M. D.

(Address) 821 Francis