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.

SEP 26 1932

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

Do not use this space.

27058

1. PLACE OF DEATH
85 County Pulaski — Registration District No. 712 — File No.
3 Township Liberty — Primary Registration District No. 4427 — Registered No. 18
3 City Richland (No. ..... St. ..... Ward)

2. FULL NAME Cliffie Alice Phillips

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Sept 28 1892

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: YEARS 39 — MONTHS 10 — DAYS 16 — 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): Hazle Green Mo 1

FATHER
13. NAME: Edward Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Arkansas 2

MOTHER
15. MAIDEN NAME: Martha Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laclede County Mo 1

17. INFORMANT (ADDRESS): Mrs Olive Brown Richland - City - Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Oak Lawn Cemetery DATE Aug. 14 1932

19. UNDERTAKER (ADDRESS): W. H. Jones Richland Mo

20. FILED Aug 13 1932 Everett A. Oliver. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1932, to 8-13, 1932
I last saw her alive on 8-10, 1932 Death is said to have occurred on the date stated above, at 11:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition from birth	
Never walked.	
Hydrocephalic + bed fast all her life	9.28.1892

Other contributory causes of importance:

157A 157A

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Hy

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 in any way related to occupation of deceased?
If so, specify Malnutrition from birth
(Signed) R. C. Howlett, M. D.
(Address) Richland