

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

Do not use this space.

36543

**1. PLACE OF DEATH**

73 County Newton

Registration District No. 614

Township 4  
City Newtonia, Mo. (No. ....)

Primary Registration District No. 4964

File No. 22  
Registered No. 92  
St. .... Ward)

**2. FULL NAME**

Phylis Gene Root,

(a) Residence, No. Newtonia St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
3 6 12

OCCUPATION

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.....

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Castlemore, Missouri

13. NAME Hugh Root,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Castlemore, Missouri

15. MAIDEN NAME Pauline Prince

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage, Missouri

17. INFORMANT (ADDRESS) Hugh Root, Castlemore, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Diamond DATE Nov. 8, 1932

19. UNDERTAKER (ADDRESS) Kylee Shortman, Carthage, Mo.

20. FILED 11-7- 1932 Dr. W. P. Adams Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1932 to Oct 6, 1932

I last saw her alive on Oct 6, 1932 Death is said to have occurred on the date stated above, at 8 P. m.

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

Karyogical Diphtheria

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) P. E. Adams, M. D.  
(Address) Carthage, 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.

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

APR 27 1932

