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.

JAN 21 1933

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

Do not use this space.

File No. 38422

Registered No. 263

1. PLACE OF DEATH

10 County Boone

3 Township Columbia

8 City Columbia (No. ..... St. ..... Ward)

Registration District No. 73

Primary Registration District No. 3006

2. FULL NAME Arzula Phillips

(a) Residence, No. 200 Allen St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1859

7. AGE: Years: About 75 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Ralls County Missouri

FATHER

13. NAME: Don't Know

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

MOTHER

15. MAIDEN NAME: Don't Know

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

17. INFORMANT (ADDRESS): William Phillips, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mount Hope Cem. DATE: 12-18, 1932

19. UNDERTAKER (ADDRESS): Stewart L. Parker, Columbia, Missouri

20. FILED 12/17/32 Allie Selby, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932 to Dec 13, 1932

I last saw h. alive on Dec 13, 1932. Death is said to have occurred on the date stated above, at 11:50 P. m.

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

	Date of onset
1 Influenza	

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) D. A. Moore, M. D.

(Address) Columbia