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.

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

Do not use this space.

File No. 39746

Registered No. 4753

1. PLACE OF DEATH

County: Jackson

Township: Kans

City: Kansas City (No. 4632 E 7 St. 4753 Ward)

Registration District No. 399

Primary Registration District No. 3092

2. FULL NAME: William Martin Phillips

(a) Residence, No. 4632 E 7 St., 10 Ward.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 14 - 1882

7. AGE: Years 49 Months 11 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 164

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): Canada New Brunswick

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 21

MOTHER

15. MAIDEN NAME:

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

17. INFORMANT (ADDRESS): Chas Isaac 2212 Summit

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Highland Park Kas C. Kas DATE: Dec 15, 1932

19. UNDERTAKER (ADDRESS): C. A. Thrasher 2572 Hulman St

20. FILED: 12-14-32 M. M. Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/12/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19.... to ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

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

Coronary Occlusion with Myocardial Infarction

Date of onset

Other contributory causes of importance: 44B

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Deputy Coroner, M. D.

(Address) Deputy Coroner