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

Do not use this space.

10575

1. PLACE OF DEATH

County: Perry

Registration District No.: 1128

Township: Boiss Brule

Primary Registration District No.: 5879a

City: ~~Bellefontaine~~ (No. ..... St. ✓ Ward)

File No.:

Registered No.: 54

2. FULL NAME: Wilma Ila Phillips

(a) Residence, No. ✓ St., 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: Femal

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): 10 Jan - 1931

7. AGE: Years 2. Months 1 Days 22. If LESS than 1 day, ... hrs. or ..... min.

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo

FATHER

13. NAME: Joseph Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo

MOTHER

15. MAIDEN NAME: Lucile Bohnert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo

17. INFORMANT (ADDRESS): Joseph Phillips

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19..

19. UNDERTAKER (ADDRESS): Ray Undertaking Co. (Perryville), Mo.

20. FILED 4 - 8 - 1933 Olivia F. Gremaud Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to March 19, 1933

I last saw h~~er~~ alive on March 19, 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

	Date of onset
Acute Bronchio Pneumonia	
NB	
10th	1933

Other contributory causes of importance:

Influenza

Name of operation: None 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) Harry J. Knapp, M. D.

(Address) Perryville, 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.

APR 24 1933