

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 404  
 Township East Washington Primary Registration District No. 5-5-5-8  
 City Kansas City (No. Armour Memorial Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 16848  
 Registered No. 105

**2. FULL NAME** Phillips James Stimmell

(a) Residence, No. Armour Memorial Home 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1844  
 7. AGE YEARS 88 MONTHS 1 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk  
 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) Pennsylvania

13. NAME No information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT (ADDRESS) Armour Memorial Home Records Dept. 81 St + Wornell Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE May 18 1933

19. UNDERTAKER (ADDRESS) Stiles & McClure 2235 Hillman P. O. 1941

20. FILED May 18 1933 Fred R. S. [Signature] Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 21 1933 to May 16 1933

I last saw him alive on May 14 1933 Death is said to have occurred on the date stated above, at \_\_\_\_\_ A. M. 12:45

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

Senile arteriosclerosis at least 10 yrs duration Date of onset gradual  
99

Other contributory causes of importance: \_\_\_\_\_

Name of operation Clinical Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) Harmon [Signature], M. D.  
 (Address) 2232 BELLEFONTAINE AVE. KANSAS CITY, MO.

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.

JUL 22 1933

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