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

Do not use this space.

66

1. PLACE OF DEATH
County Miller — Registration District No. 5610 — File No. 17189
Township Saline — Primary Registration District No. 4330 — Registered No. 26
City Eldon (No. ..., ... St. ..... Ward)

2. FULL NAME Esther 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 Female
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 W. A. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1874

7. AGE — YEARS 58 — MONTHS -6- — DAYS -25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Clinton MO

FATHER
13. NAME Daniel O. Slanker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Margret Leonard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) W. A. Phillips Eldon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eldon Cmty DATE 5/17 1933

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles MO

20. FILED 5-16 1933 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/7 1933, to 5/15 1933
I last saw her alive on 5/15 5:30 P.M. 1933. Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	5/6 33
97	
95 B	

Other contributory causes of importance:
arteriosclerosis

Name of operation — 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) A. F. Berkemeier, M.D.
(Address) Eldon MO 9

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.

MAY 22 1933