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

Do not use this space.

File No. 20395

Registered No.

1. PLACE OF DEATH

64

County: Marion

Township: Liberty

City: Palmyra (No. ..... St. ..... Ward)

Registration District No. 548.

Primary Registration District No. 5740.

2. FULL NAME: Louis G. 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.

JUL 23 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 31 1880

7. AGE: YEARS 53 | MONTHS | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General farm labor

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: always

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

FATHER

13. NAME: Andrew Jackson Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

MOTHER

15. MAIDEN NAME: Martha Rowan

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

17. INFORMANT: Harley Griffith
(ADDRESS) 1104 Lombardi Ave Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Arbeka DATE: June 6 1933

19. UNDERTAKER: Rob L. Gentry
(ADDRESS) Palmyra Mo

20. FILED June 5 1933. Gertrude Lee Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9th, 1933, to June 5th, 1933

I last saw him alive on June 4, 1933. Death is said to have occurred on the date stated above, at 11:30 A.m.

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

	Date of onset
Chronic Parenchymatous nephritis	
131	
72 hr	131

Other contributory causes of importance: Ch. Valvular (mitral) heart disease

Name of operation: None Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) W. C. O'Neal, M. D.

(Address) Palmyra 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD