

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

Do not use this space.

25943

1. PLACE OF DEATH

24 County Polk
Township Gallatin
City _____ (No. _____) Ward _____

Registration District No. 197
Primary Registration District No. 5276

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. David M. Phipps St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) widow'd.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 1 - 1898

7. AGE YEARS 34 MONTHS 8 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. invalid
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) Florida, Ill.

FATHER 13. NAME James M. Phipps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodford, Ill.

MOTHER 15. MAIDEN NAME Mary E. Hanna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield, Iowa

17. INFORMANT (ADDRESS) James M. Phipps
Springdale, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Perisot, Ill. DATE 8/5 1933

19. UNDERTAKER (ADDRESS) Chas. W. ...

20. FILED Aug 3 1933 John A. Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from you 1933, to Aug 1, 1933
I last saw him alive on Aug 1, 1933 Death is said to have occurred on the date stated above, at 9:0 P. m.

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

Submucous tuberculosis Date of onset _____
2317 75
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? none 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? No
If so, specify _____ (Signed) W. C. ... M. D.
(Address) Springdale, 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.

SEP 26 1933

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MAR 7 1958