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

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

Do not use this space.

26107

1. PLACE OF DEATH

36

County Franklin — Registration District No. 294 — File No.

Township Central — Primary Registration District No. V-409-3 — Registered No. 82

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME L. A. Phipps

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)

(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Phipps

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

7. AGE: YEARS 58 — MONTHS 10 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Mills County Iowa

FATHER

13. NAME: Henry Phipps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Anna Short

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Anna Phipps St Clair Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Morrellton Mo DATE 8-11 1933

19. UNDERTAKER (ADDRESS): Wm Casey & Co St Clair Mo

20. FILED 8/11 1933 W. E. Kitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1933

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P.m.

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

Cronic Interstitial Nephritis with a chronic Myocarditis

Date of onset

131 230

131

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) E. L. Worthington Coroner, ~~M. D.~~

(Address) Labadie Mo.