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.

26629

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1692 — Registered No. 3381
City Kansas City (No. 5047, Wornall St. Ward)

2. FULL NAME Mary Susan Phillips
(a) Residence, No. 5047 Wornall St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 67 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 William J. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84		5	~~18~~ 13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Harrisonville Mo.

FATHER
13. NAME William Duglas Tugle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Agnes E. Jennings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs J. W. Carence 5097 Wornall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. Indep. Mo. DATE Aug 25 1933

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 8/24 1933 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-15-32, 19, to 8-22, 1933
I last saw her alive on 8/23, 1933. Death is said to have occurred on the date stated above, at 6:12 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease with interstitial nephritis	10 years ago

Other contributory causes of importance:
Extreme anemia not malignant

Name of operation none Date of
What test confirmed diagnosis? Sub. + clinical 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?
If so, specify
(Signed) Samuel Ayres M.D.
(Address) 707 Argyle Bldg.

8-17-

2 to 5