

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

Do not use this space.

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1. PLACE OF DEATH

County Boone Registration District No. 73
Township _____ Primary Registration District No. 3006
City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Eva Starks Phillips
(a) Residence, No. 403 So. Garth Aves. 4th Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. 9 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Harrison Phillips
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18, 1862
7. AGE 71 YEARS 8 MONTHS 20 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION: 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Jan 2, 1924 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Chatham
(STATE OR COUNTRY) Columbia County, N. Y.

MOTHER FATHER 13. NAME Ralph G. Starks

14. BIRTHPLACE (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

15. MAIDEN NAME Phoebe Griswold

16. BIRTHPLACE (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

17. INFORMANT Fleda Phillips Brown
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL no
PLACE Valhalla St. Jones DATE 1-9-34

19. UNDERTAKER W.H.O. Undermeter - Pikes F.C.
(ADDRESS) Columbia, Mo.

20. FILED 1/8/1934 Allie Salley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to Jan 7, 1934
I last saw her alive on Jan 7, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Scarlet fever Date of onset _____
Other contributory causes of importance: uremia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Ray Starn, M. D.
(Address) Columbia, 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. 1934

