

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.

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

Do not use this space.

3556

FEB 27 1934

1. PLACE OF DEATH
County Saline Registration District No. 796
Township _____ Primary Registration District No. 3038
City Marshall, Mo. St. _____ Ward _____

2. FULL NAME Eva Mary 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.

File No. _____
Registered No. 2999
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1895
7. AGE YEARS 38 MONTHS 3 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934, to Jan 24, 1934.
I last saw h. or alive on Jan 20, 1934. 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 _____

Acute Myocarditis
95A
95A
Other contributory causes of importance: _____
Name of operation Clinical Date of _____
What test confirmed diagnosis? A Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) Paxton, Ill. (STATE OR COUNTRY) Illinois
13. NAME John Webb
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____
17. INFORMANT Raymond R. Phillips (ADDRESS) Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Barnette, Mo. DATE Jan 26, 1934
19. UNDERTAKER J. L. Switzer (ADDRESS) Marshall, Mo.
20. FILED 1/25/34 Blaney Page Registrar.

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) John R. Daynes, M. D.
(Address) Marshall, Mo.

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