

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

Do not use this space.

MAR 24 1934

**1. PLACE OF DEATH**

County Pike  
Township Puro  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 688  
Primary Registration District No. 5916

File No. 6068  
Registered No. 7 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Margaret Ann 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Le Roy Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/27/34</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Business</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Business</u>		
10. Date deceased last worked at this occupation (month and year) _____		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1934

22. WHEREBY CERTIFY, That I attended deceased from Feb 11 1933, to Feb 17 1934

I last saw her alive on Feb 1 1934. Death is said to have occurred on the date stated above, at 4 P. m.

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

Carcinoma of Stomach

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>
	13. NAME <u>Rebecca Bramblett</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Rebecca Jane Epperson</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Laura Epperson 219 S 8th St Hospital mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grand funeral</u> DATE <u>4 18 34</u>	
19. UNDERTAKER (ADDRESS) <u>Central</u>	
20. FILED <u>Filed 22 1934</u> <u>Matth Ursell</u> Registrar.	

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) O. M. Epperson, M. D.  
(Address) Prattford 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.

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