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.

APR 25 1934

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

Do not use this space.

9053

File No. 1250

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. General Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Walter P. Phifer
(a) Residence, No. 3011 Cleveland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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 Lilly Phifer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22, 1873

7. AGE: YEARS 60 MONTHS 3 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Vulcan Mfg Co
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) Statesville North Carolina

FATHER
13. NAME Dwight Phifer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Elizabeth Knox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs Lilly Phifer
(ADDRESS) 3011 Cleveland

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE MARCH-20 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED 3-19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 2 p.m. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Acute Myocardial Infarction

Other contributory causes of importance:

Name of operation ..... Date .....
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) ..... M. D.
(Address) .....