

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

Do not use this space.

16903

1. PLACE OF DEATH

County Jackson
Township Kau
City Kansas City No. 1824 Cleveland

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2016
St. _____ Ward) _____

2. FULL NAME Mrs. Ida May Phipps

(a) Residence, No. 1824 Cleveland St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. H. Phipps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1884

7. AGE YEARS 59 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

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)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County, Mo

13. NAME W. A. Sowers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

15. MAIDEN NAME Susan Livingood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Carolina

17. INFORMANT Mrs. Herbert Campbell
(ADDRESS) 2236 Drury

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE May 23 1934

19. UNDERTAKER Newcomer & sons
(ADDRESS) 2111 E 9th St. R. 915

20. FILED May 23 1934 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 1934 to 1934
Deputy Coroner
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 p.m.

Principal cause of death and related causes of importance were as follows:

Chronic glomerular nephritis
Chronic myocarditis
Other contributory causes of importance:
None

Name of operation _____ Date of operation _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 caused or related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) [Signature]

1934 JUN 6 11 AM

