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.

JUL 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County MONROE — Registration District No. 582 — File No. 21241
Township — Primary Registration District No. 4344 — Registered No.
City PARIS (No. , St. Ward)

2. FULL NAME JAMES ROBERT PHILLIPS
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 45 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): DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ALICE PHILLIPS,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 17, 1862

7. AGE: YEARS 71 — MONTHS 6 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: PROPRIETOR OF CAFE'
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): MARCH 1933
11. Total time (years) spent in this occupation: 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MONROE CO MO.

FATHER
13. NAME: JOHN A. PHILLIPS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KY.

MOTHER
15. MAIDEN NAME: SUSAN A. CISSELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KY

17. INFORMANT (ADDRESS): MRS. AMBROSE WALLER PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SALEM CHURCH DATE: JUL 1 1934, 19

19. UNDERTAKER (ADDRESS): SPEED & BLAKEY PARIS MO.

20. FILED: JUN 30 1934 — H. C. Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUN 30 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1933 to June 30, 1934
I last saw her alive on June 30, 1934. Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Mar 30, 33
82A	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? NO

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) M. C. McMurry, M. D.
(Address) PARIS, MO.