

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.

SEP 11 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County AdairRegistration District No. 4

Township

Primary Registration District No. 3001City Kirksville

(No. _____)

File No. 28159Registered No. 161

St. _____

Ward _____

2. FULL NAME John Harvey Phillips(a) Residence, No. 1008 S. Webster

(Usual place of abode)

St. 3

Ward _____

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (using the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Kirksville Missouri

FATHER

13. NAME Omar Phillips14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Elizabeth Thomas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Omar Phillips 1008 S. Webster St. Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tabernash Sch. 60DATE 8-12-193419. UNDERTAKER (ADDRESS) Dee Riley Kirksville Mo20. FILED Aug 16 1934Spencer Freeman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 193422. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934, to Aug 11, 1934I last saw him alive on Aug 11, 1934. Death is said to have occurred on the date stated above, at 5:45 pm.

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

Premature

Date of onset

Other contributory causes of importance:

Name of operation none 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) John H. Denby D.O.(Address) Kirksville MoW. Paul Roberts D.O.

