

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

Do not use this space.

SEP 20 1934

29530

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Trinity Primary Registration District No. 1002
 City Kennett City (No. Trinity Lutheran Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 3949

2. FULL NAME Mrs. W. Tilda Phillips

(a) Residence, No. 3717 Tabash St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 38 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. H. Phillips</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 3rd. 1870</u>					
7. AGE YEARS <u>64</u>		MONTHS <u>4</u>		DAYS <u>20</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>					
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) <u>Missouri</u>					
13. NAME <u>Christian Muntzel</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>					
15. MAIDEN NAME <u>Lavania Meyer</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>					
17. INFORMANT <u>C. H. Phillips</u> (ADDRESS) <u>3717 TABASH</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill Cem.</u> DATE <u>8/25/34</u> , 19 <u>34</u>					
19. UNDERTAKER <u>J. J. Schermy</u> (ADDRESS) <u>City</u>					
20. FILED <u>924</u> , 19 <u>34</u> <u>M. M. Brown</u> <u>Registrar.</u>					

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23rd. 1934

22. I HEREBY CERTIFY That I attended deceased from April 9, 1934, to Aug 23, 1934

I last saw her alive on Aug 23, 1934 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Cancer Paeuroa
46 E
40 E
47 D
46
 Date of onset 1/4

Other contributory causes of importance:
Multiple Metastases

to liver, lungs - Peritoneum

Name of operation Cholecystenterostomy Apr 8/34

What test confirmed diagnosis? Operation 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) John O'Leary, M. D.
 (Address) 1000 Argyle Bldg

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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Dr. J. A. [unclear]
2744