

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

Do not use this space.

42705

JAN 6 1935

**1. PLACE OF DEATH**

41 County Harrison  
Township Clay  
City (No. ....) St. .... Ward)

Registration District No. 335  
Primary Registration District No. 5470

File No. 13  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Charles Sumner Phillips

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb - 9 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	77	9	25	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Samuel Phillips

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Mary Telford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Martha Ann Phillips  
(Address) Bay View, Harrison Co

15. FILED Jan 8 1935 L. J. Caster REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 6 - 1934

17. I HEREBY CERTIFY, That I attended deceased from 11:00 to 11:00 1934, that I last saw him alive on 12/6, 1934, and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage

Arterio Sclerosis  
CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
(duration) 8 yrs. yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) James Hogan Crowe M.D.

12/6 1934 (Address) Ridgeway Mo

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Glaze Cemetery DATE OF BURIAL 12/8 1934

20. UNDERTAKER Frank Hauer ADDRESS Engelville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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