1934

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

Do not use this space.

43669

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3029 — Registered No. 359
City Hannibal, Mo. (No. St. Elizabeth Hospital St. Ward)

2. FULL NAME John Milton Phillips
(a) Residence, No. St., Ward. Palmyra, Mo.
(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: Elton Kelly Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15, 1909

7. AGE: YEARS 25 — MONTHS 9 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed
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): Emerson, Mo.

FATHER
13. NAME: Herbert Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Emerson, Mo.

MOTHER
15. MAIDEN NAME: Mary Markesbury
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Emerson, Mo.

17. INFORMANT (ADDRESS): James Phillips, Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Emerson, Mo. DATE: Dec. 18, 1934

19. UNDERTAKER (ADDRESS): Lewis Brothers, Palmyra, Mo.

20. FILED: Dec. 18, 1934 R. W. Isbister, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 m. A.
The principal cause of death and related causes of importance were as follows:

Fractured skull. Car struck rock wall out of control and left the road.

Date of onset

210

Other contributory causes of importance:

Name of operation: None, Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/15, 1934
Where did injury occur? Palmyra, Marion Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place (Highway #61) Palmyra, Mo.
Manner of injury: Automobile accident
Nature of injury: Head injuires

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Cecil E. Schwartz, Coroner
(Address) Hannibal, Mo.

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.