

MAR 20 1935

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

Do not use this space.

5264

1. PLACE OF DEATH

County JACKSONRegistration District No. 300

File No.

Township RAW

Primary Registration District No.

Registered No. 555City KANSAS CITYNo. 1311 ADMIRAL BLVD 3RD FLOORWard 555

2. FULL NAME

GREEN B PHILLIPS(a) Residence, No. 1311 ADMIRAL BLVD St. 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 (write the word)

WIDOWED

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

MRS. HARRIETT PHILLIPS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

MARCH-29-1870

7. AGE

YEARS 64MONTHS 10DAYS 6

If LESS than 1 day, hrs. or min.

OCCUPATION

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

CARPENTER

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)

NORTH CAROLINA

FATHER MOTHER

13. NAME

UNKNOWN PHILLIPS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UNKNOWN

15. MAIDEN NAME

UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UNKNOWN

17. INFORMANT (ADDRESS)

MRS. WILLIAM F. SCHENKER 1311 ADMIRAL BLVD

18. BURIAL, CREMATION, OR REMOVAL

PLACE GREEN LAWN DATE FEBRUARY 6 1935

19. UNDERTAKER (ADDRESS)

D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED

2-3 1935 M. M. Curlew, esq Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 4, 193522. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to Feb 4 1935I last saw him alive on Feb 3 1935 Death is saidto have occurred on the date stated above, at 3:00 AM.

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

Acute Heart Failure Date of onset

Other contributory causes of importance:

Coronary ArteriosclerosisName of operation Feb Date of noWhat test confirmed diagnosis? Feb 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? noIf so, specify W. F. Fisher M. D.(Signed) W. F. Fisher M. D.(Address) 910 Argyle Bldg

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.

910 Argyle Bldg.

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