

JAN 16 1936

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

Do not use this space.

15482-6

1. PLACE OF DEATH

County Atchison. Registration District No. 20  
Township Tarkio. Primary Registration District No. 4014  
City Tarkio. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Benjamin Franklin Phillips;

(a) Residence, No. Tarkio, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1935

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

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935 to May 31, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25, 1868.

I last saw him alive on May 31, 1935 Death is said to have occurred on the date stated above, at 10:00 A.M.

7. AGE YEARS 66 MONTHS 8 DAYS 6. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

Myocardial Regurgitation Date of onset ?

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Work.

10. Date deceased last worked at this occupation (month and year) 2 years 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:

*[Handwritten signature]*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

13. NAME Phillips.

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

15. MAIDEN NAME Unknown.

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

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis Clinical Was there an autopsy? no

17. INFORMANT David Phillips. (ADDRESS) Tarkio, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio, Mo. DATE June 2, 1935

19. UNDERTAKER W. S. Clement (ADDRESS) Tarkio, Mo.

20. FILED May 31, 1935 D. W. Haugh Registrar.

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) D. W. Haugh, M. D.

(Address) Tarkio 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

