

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

Do not use this space.

1 JUL 29 1935

25380

1. PLACE OF DEATH

County Verona
Township Washington
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 126 St. Ward)

2. FULL NAME

(a) Residence, No. Phillips, Mary
(Usual place of abode) State Hospital No. 3, Nevada, Mo. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 25 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 82

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) unknown

13. NAME unknown

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

15. MÄIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp DATE July 6 1935

19. UNDERTAKER (ADDRESS) Hay, Frank Dennis Nevada, Mo

20. FILED July 6 1935 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934, to July 4 1935

I last saw her... alive on July 4 1935 Death is said

to have occurred on the date stated above, at 4:30 p. m.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance: Chronic hyperacrid failure

Place of operation home Date of...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Hay W. Chase Jr., M. D.

(Address) State Hospital No. 3, Nevada

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.

