

SEP 2 1 1935

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

Do not use this space.

26878

1. PLACE OF DEATH

County Lawrence Registration District No. 420
Township North Mt Vernon Primary Registration District No. 52633
City X No. Coal Phillips St. Coal Phillips Ward

File No. _____

Registered No. 79

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Grandview Ark
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 1 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school
10. Date deceased last worked at this occupation (month and year) life 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salders Mo.

FATHER
13. NAME W. J. Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? not known

MOTHER
15. MAIDEN NAME Minnie M. Mills

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? not known

17. INFORMANT deceased, State Sanatorium
(ADDRESS) Mount Vernon Mo records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cassville Mo DATE Aug 7 1935

19. UNDERTAKER Geo B Orr
(ADDRESS) Mount Vernon Mo

20. FILED Aug 7 1935 P.A. Holmes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935 to August 6 1935
Last saw him alive on August 5 1935 Death is said to have occurred on the date stated above, at 8:10 AM.

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

Pulmonary tuberculosis Date of onset 11/34
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Other contributory causes of importance: tuberculosis Entertic 4/35

Name of operation none Date of _____
What test confirmed diagnosis? Spitum 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? no
If so, specify _____

(Signed) J. A. Stocker M. D.
(Address) Mount Vernon 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.

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