

DEC 16 1935

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

Do not use this space.

35069

## 1. PLACE OF DEATH

County

Barry

Registration District No.

30

Township

Monett

Primary Registration District No.

3003

City

(No.)

St.

Ward

## 2. FULL NAME

J. N. Phillips

(a) Residence, No.

(Usual place of abode)

St.

4

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

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (Write the word)

widowed

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

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

1-14-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

68

68

10

12

day, hrs. or min.

OCCUPATION

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

Retired Farmer

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)

Grayson Co. Virginia

MOTHER FATHER

13. NAME

David Phillips

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

Virginia

15. MAIDEN NAME

Annaline Fisher

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

North Carolina

17. INFORMANT (ADDRESS)

Mr. Phillips, a brother

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Recrey Comfort, Mo

DATE

11-28

1935

19. UNDERTAKER (ADDRESS)

H. S. Bradford

20. FILED

11-27-

1935

W. M. West

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to

19

Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

I didn't see this man for about a month before death but he had been suffering from Myocarditis and I had seen him fall from down for a least a month

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis

Date of

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

Date of injury

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?

If so, specify

(Signed) D. S. Ferguson, M. D.

(Address) Monett, 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

