

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

Do not use this space.

NOV 25 1935

36623

**1. PLACE OF DEATH**

County Swainston  
 Township  
 City Chillicothe (No. .... St. .... Ward)

Registration District No. 508  
 Primary Registration District No. 3026

File No. ....  
 Registered No. 147

**2. FULL NAME**

(a) Residence, No. .... 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carl Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 30-1904</u>		
7. AGE	YEARS	MONTHS
<u>31</u>	<u>2</u>	<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from April 1 - 1935 to 11 - 6 - 1935

I last saw her alive on 11 - 5 - 1935 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 Reuben Barney M. D.  
 (Signed) Chillicothe Mo.  
 (Address) .....

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

FATHER

13. NAME George W Kincaid

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

MOTHER

15. MAIDEN NAME Ocie L. Johnson

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

17. INFORMANT Carl Phillips  
 (ADDRESS) Brenton Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Edgewood Cem DATE Nov - 8 - 1935

19. UNDERTAKER Jan D Gordon  
 (ADDRESS) Chillicothe Mo

20. FILED Nov 8 1935 W. H. D. D. D.  
 Registrar.

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.

