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

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.

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

Do not use this space.

MAR 21 1936

File No. 6215

Registered No. 1096

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002
City Kansas City (No. 4027 Clark St. Ward)

2. FULL NAME Augustine A Phillips
(a) Residence, No. 4027 Clark 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-3-1857

7. AGE: Years 78 — Months 10 — Days 22 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg - Denver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg chemical Co
10. Date deceased last worked at this occupation (month and year) month ago
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vincent Ohio

FATHER
13. NAME Unk Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Lovella T Phillips
(ADDRESS) 4027 Clark

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE 2-28 1936

19. UNDERTAKER W.W. Newcomers
(ADDRESS) Kansas City - Mo.

20. FILED 3/26 1936 M. A. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1936, to 2/24 1936
I last saw him alive on 2/24 1936. Death is said to have occurred on the date stated above, at 6 00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2/10 36

Other contributory causes of importance:
Prostatic Obstruction

Name of operation None Date of
What test confirmed diagnosis? 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, 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 No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M.D.
(Address) 707 Waldheim Bldg

~~Aladdin Hotel~~

11-30 - 5 pm.