

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH St. Charles Mo. Registration District No. 760
 County St. Charles Primary Registration District No. 6201
 Township O'Fallon City O'Fallon (No.) St. Ward
 2. FULL NAME Mrs. Helen Phillips
 (a) Residence, No. O'Fallon 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.

File No. 5386
 Registered No. 10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Phillips deceased
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-9-1857
 7. AGE YEARS 78 MONTHS 5 DAYS 9 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) St. Louis Co. (STATE OR COUNTRY) mo

13. NAME Kathly

14. BIRTHPLACE (CITY OR TOWN) St. Charles Co. (STATE OR COUNTRY) mo

15. MAIDEN NAME not known

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

17. INFORMANT John H. Phillips (ADDRESS) O'Fallon mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathville mo DATE 2/21 19. 36

19. UNDERTAKER E. Caldwell (ADDRESS) O'Fallon mo

20. FILED 2/26 19. 36 W. Caldwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 to Feb 18 1936
 I last saw h. alive on Feb 18 1936. Death is said to have occurred on the date stated above, at 8:30 A. m.
 The principal cause of death and related causes of importance were as follows:

arteriosclerosis

Other contributory causes of importance: 99

Name of operation..... 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) L. C. Adams, M. D.
 (Address) O. Fallow, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

