

APR 13 1936

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

Do not use this space.

9770

1. PLACE OF DEATH

County Clay Registration District No. 197
Township Hollatin Primary Registration District No. 5276A
City No. Kansas City, Mo. Home St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. No. Kansas City, Mo. Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 9 9

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

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) Ind

13. NAME Frank Williams

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

15. MAIDEN NAME Barbara Spaldings

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

17. INFORMANT W H Phillips

(ADDRESS) No. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLAC. Mt. Washington DATE Mar 4 1936

19. UNDERTAKER (ADDRESS) Morton F. Emerlton

No. Kansas City, Mo.

20. FILED 3-10 1936 Viola E. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1936 to Mar 1 1936

I last saw him alive on Mar 1 1936 Death is said to have occurred on the date stated above, at 8:20 p. m.

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

Date of onset

Bronchopneumonia 2/8/36

Other contributory causes of importance

Diabetes 1935

Name of operation no Date of _____

What test confirmed diagnosis? clinical 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) H. H. Emerlton M. D.

(Address) Morton Kansas City, 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.

