

MAR 26 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

13813

1. PLACE OF DEATH

County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City                      (No.                     ) St.                      Ward                     

File No.                       
Registered No. 57

2. FULL NAME Wm B Phillips

(a) Residence, No. State Hospital #2 St.                      Ward                       
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 1 da. How long in U. S., if of foreign birth? yrs.                      mos.                      ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-2 - 1936

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Mar 2, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-15-1888

I last saw                      alive on                      (M., D., Y.) 1936 Death is said to have occurred on the date stated above, at 4:10 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,                      hrs.                      min. 80 3 19

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

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

Arteriosclerosis Date of onset ?

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

Other contributory causes of importance: Chronic myocarditis ?

13. NAME Jousha Phillips

Name of operation none Date of                       
What test confirmed diagnosis?                      Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) Kentucky

23. If death was due to external causes (Violence fill in also the following: Accident, suicide, or homicide?                      Date of injury                     , 19                    

15. MAIDEN NAME Theresa Bewb

Where did injury occur?                      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.                     

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

17. INFORMANT Samuel Phillips (ADDRESS) Morgan Mo

Manner of injury                       
Nature of injury                     

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerwood Cem 3 - 4 1936

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify                     

19. UNDERTAKER Fernandez Wood (ADDRESS) Nevada Mo

(Signed) J. O. Dell, M. D.  
(Address) Nevada, Mo

20. FILED Mar 26 1936 M. Eichinger Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

