

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

Do not use this space.

29845

1. PLACE OF DEATH **OCT 20 1936**

County *Pates*

Registration District No. *50*

File No. ....

Township .....

Primary Registration District No. *3004*

Registered No. *73*

City *Butler mo* (No. ....)

St. .... Ward)

2. FULL NAME *Fern Phillips*

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Fern* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 18 1911*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>20</i>	<i>2</i>	<i>12</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <i>None</i>
	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) *El Dorado Ark mo*

FATHER 13. NAME *Sam Phillips*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Clair co*

MOTHER 15. MAIDEN NAME *Inez Dooley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Clair co*

17. INFORMANT (ADDRESS) *Sam Phillips El Dorado Ark mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *El Dorado Ark* DATE *Sept 2 1936*

19. UNDERTAKER (ADDRESS) *Wagner Funeral Home El Dorado Ark mo*

20. FILED *Sept 11 1936* *Anna L Culver* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 31 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 20 1936* to *Aug 31 1936*. I last seen alive on *Aug 30 1936*. Death is said to have occurred on the date stated above, at *6 a* m. The principal cause of death and related causes of importance were as follows:

*Sepsis infection*  
*gallbladder*  
*induced abortion*  
**140**  
Other contributory causes of importance *could get no report history*

Name of operation *None* Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

Manner of injury .....

24. Was disease or injury in any way related to occupation of deceased? *No*

(Signed) *A. DePue* M. D.  
(Address) *Butler*

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.

