

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.

SEP 29 1936

30894

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas (No. Northeast Hospital) St. _____ Ward _____

File No. _____
Registered No. 2690

2. FULL NAME Elizabeth Ann Phipps

(a) Residence, No. 2001 Indep. Ave. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas City, Mo.

13. NAME M.R. Phipps

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

15. MAIDEN NAME Elizabeth O'Connor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.

17. INFORMANT M.R. Phipps
(ADDRESS) 2001 Indep. Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug. II, 1936

19. UNDERTAKER Peter B. Lapetina
(ADDRESS) 536 Campbell St.

20. FILED Aug. 10, 1936 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1936, to Aug 9, 1936

I last saw him/her alive on Aug 9, 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Cardio Vasculer Insufficiency
1570

Other contributory causes of importance:
General Body Malformation (Monstrosity)

Name of operation _____ Date of _____
What test confirmed diagnosis? clin 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?
If so, specify _____
(Signed) Dr. Frank E. Key
(Address) 4316 E 9th St.

