

OCT 15 1936

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

Do not use this space.

34595

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Primary Registration District No. 1002
City KANSAS CITY (No. Leeds Hospital)
St. _____ Ward _____

File No. _____

Registered No. 4328

St. _____ Ward _____

2. FULL NAME

Willard B. Phillips(a) Residence, No. 5026 FOREST St. _____ Ward _____(Usual place of abode) K.C. Mo. (If nonresident, give city or town and State)Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Ms Martha Phillips
(or) WIFE OF _____6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 18787. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 10 198. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer

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) Saline County
(STATE OR COUNTRY) Missouri13. NAME Denton Phillips14. BIRTHPLACE (CITY OR TOWN) Linn County
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Maggie Hardin16. BIRTHPLACE (CITY OR TOWN) VIRGINIA
(STATE OR COUNTRY) _____17. INFORMANT K.C. Municipal T.B. Hospital
(ADDRESS) Leeds Missouri18. ~~BURIAL, CREMATION, OR REMOVAL~~PLACE Slater Mo DATE 9/26/3619. UNDERTAKER W.F. Mayberry
(ADDRESS) Leeds20. FILED Sept 25 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 16, 1936, to Sept. 24, 1936(Last saw him alive on Sept. 24, 1936 Death is saidto have occurred on the date stated above, at 11:07 A. M.

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

pulmonary tuberculosis

Date of onset _____

Other contributory causes of importance: 23

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) W. F. Mayberry M. D.

(Address) _____

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.

