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.

DEC 18 1936

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No. 40599
Township — Primary Registration District No. 3009 — Registered No. 403
City Cape girardeau Mo. S. E. Mo. Hospital — St. — Ward)

2. FULL NAME Mr. William Phillips
(a) Residence, No. Bertrand Mo. St., Ward. Bertrand Mo.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Mrs Sallie Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct - 2nd - 1885

7. AGE: 51 Years — MONTHS: 1 — DAYS: 29 days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Cumberland Furnace Tennessee

FATHER
13. NAME: James Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: — Hallbrook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): In Tennessee

17. INFORMANT (ADDRESS): Wife - Mrs Sallie (Lawerance) Phillips Bertrand, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston DATE 11-25 1936

19. UNDERTAKER (ADDRESS): Albritton Undtg Co. Sikeston, Mo.

20. FILED 11-25 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1936 to Nov 25, 1936
I last saw him alive on November 26, 1936. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus pyrexia of left arm from abrasion on left thumb	Oct 15, 36

Other contributory causes of importance:

Streptococcus infection	Oct 25 1936

Name of operation: Incisions — Date of Oct 25 1936
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? Abrasion on thumb — Date of injury Oct 15, 1936
Where did injury occur? On his farm (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Abrasion on thumb
Nature of injury: / / / /

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. H. Hope, M. D.
(Address) Cape Girardeau Mo