

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.

DEC 30 1936

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

Do not use this space.

42063

1. PLACE OF DEATH

County Oregon
Township Woodville
City Woodville (No. _____)

Registration District No. 630
Primary Registration District No. 5948

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME Phillis Singleton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22/39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 7

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Oregon ca mo (STATE OR COUNTRY)

MOTHER FATHER
13. NAME Alfred Singleton

14. BIRTHPLACE (CITY OR TOWN) Oregon ca mo (STATE OR COUNTRY)

15. MAIDEN NAME Mittie Maxwell

16. BIRTHPLACE (CITY OR TOWN) Oregon ca mo (STATE OR COUNTRY)

17. INFORMANT Alfred Singleton (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bailey Cemetery DATE Nov 29 1936

19. UNDERTAKER John Jenkins (ADDRESS) Alton mo

20. FILED 11/29 1936 Emmett Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1936, to Nov 27 1936. I last saw her alive on Nov 27 1936. Death is said to have occurred on the date stated above, at 4 P. m.

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

Brain Fever

Date of onset Nov 23

Other contributory causes of importance:

cold & leaking

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 _____

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury cold

Nature of injury _____

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

If so, specify _____

(Signed) A. B. Forest, M. D.

(Address) Alton mo.

