

FEB 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pulaski Registration District No. 716
Township Tavern Primary Registration District No. 5945
City Near Crocker (No. 2) St. _____ Ward _____

File No. 2654
Registered No. 2

2. FULL NAME William Benjamin 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Johnson Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Near Crocker, Pulaski County, Mo.13. NAME Levi Phillips14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Jefferson Co. Mo.15. MAIDEN NAME XXXXXX Caroline Goza16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Jefferson Co. Mo.17. INFORMANT Yale Phillips
(ADDRESS) Crocker, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord Cem. DATE Jan. 23, 193719. UNDERTAKER J. L. HOOPS & SONS
(ADDRESS) Crocker, Mo.20. FILED Jan 26, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936 to Jan 21, 1937
I last saw him alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death and related causes of importance were as follows:
Ulcer of the Decodermum

Date of onset 10/1/36
Other contributory causes of importance: _____

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? No
If so, specify _____

(Signed) W. B. Phillips, M. D.
(Address) Crocker, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

