

MAR 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 5554  
City Kansas City, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 6171  
Registered No. 44

## 2. FULL NAME

(a) Residence, No. 1539 Vincis 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. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 22, 1937</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>1</u>
		<u>12</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Child</u>		
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) <u>Kansas City, Ind. Mo.</u>		
13. NAME <u>Paul P. Phillips</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Smithville, Missouri</u>		
15. MAIDEN NAME <u>Bertha Long</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Rock Hill, Missouri</u>		
17. INFORMANT (ADDRESS) <u>Paul Phillips, Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mound Grove</u> DATE <u>Feb 5, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>George G. Carson, Independence, Mo.</u>		
20. FILED <u>2-8-</u> 1937 <u>F. L. Cook</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia (Primary) Date of onset \_\_\_\_\_

Other contributory causes of importance: 1070

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_

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) \_\_\_\_\_, 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.

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