

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole 24
Township 3
City Jefferson (No. 3)

Registration District No. 213
Primary Registration District No. 3014

File No. 11651
Registered No. 105
St. _____ Ward _____

2. FULL NAME

Mrs. Laura Ann 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Osman N. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
61 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Cave-in-rock, Ark.

13. NAME James Hudgins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Mad Kinross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Wm. M. Hager (ADDRESS) Jeff City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayette Mo DATE Mar 6 1937

19. UNDERTAKER Whorpe & Gordon (ADDRESS) Jeff City Mo

20. FILED 2/6/37 Arthur J. ... Registrar

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

I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 4, 1937

I last saw h. alive on March 4, 1937. Death is said to have occurred on the date stated above, at 12 m.

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

Cerebral thrombosis (Internal cerebral) Date of onset _____

Other contributory causes of importance: hypertension

Name of operation None Date of _____

What test confirmed diagnosis Aliment Was there an autopsy? no

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. P. ... M. D. (Address) Jefferson City, Mo.

