

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

Do not use this space.

1. PLACE OF BIRTH *Mo. 1937*
 County *39* *3* Registration District No. *318*
 Township *S. Campbell* Primary Registration District No. *2001*
 City *Springfield* (No. *893 S. Douglas*)
 2. FULL NAME *Joseph Edward Phillips* (If nonresident, give city or town and State)
 (a) Residence, No. *893 S. Douglas St.* Ward. _____
 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.

File No. *20059*
 Registered No. *431A*
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Infant*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 21, 1937*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 2 hrs.
 8. Trade, profession, or particular kind of work done, as aptner, sawyer, bookkeeper, etc. *Infant*
 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) *Springfield Mo*
 13. NAME *Earl Phillips*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Strafford Mo*
 15. MAIDEN NAME *Ethel Peak*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Strafford Mo*
 17. INFORMANT (ADDRESS) *Earl Phillips 893 S. Douglas*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Bassville, Mo* DATE *5-22-37*
 19. UNDERTAKER (ADDRESS) *Lloyd W. Fox 629 W. Walnut*
 20. FILED *May 22, 1937* *Chas A. George Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 21, 1937*
 22. I HEREBY CERTIFY, That I attended deceased from *5, 21, 37*, 19... to *5, 21, 37*, 19...
 I last saw him alive on *5, 21, 37*, 19... Death is said to have occurred on the date stated above, at *6:10 p.m.*

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

Premature birth about 6 1/2 months

Other contributory causes of importance: *159*
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? If so, specify _____
 (Signed) *[Signature]* M. D. _____
 (Address) *Springfield, Mo.*

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.

