

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

Do not use this space.

JUN 23 1937

1. PLACE OF DEATH

County *Linn*
 Township *Medford*
 City (No. _____) _____

Registration District No. *516*
 Primary Registration District No. *5678*

File No. **20600**

Registered No. _____
 St. _____ Ward _____

2. FULL NAME *George W. Philips*

(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 *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 21* 19*37*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Eolia Yates Philips*

22. I HEREBY CERTIFY, That I attended deceased from *May 16* 19*37*, to *May 21* 19*37*
 I last saw him alive on *May 21* 19*37*. Death is said to have occurred on the date stated above, at *6 P.M.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 15 1858*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 6

Date of onset

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

Lobar Pneumonia

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance: *106*

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) *Linn Co. Mo.*

MOTHER FATHER 13. NAME *Robert Philips*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *So. Carolina*

15. MAIDEN NAME *Paulina Strawn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *So. Carolina*

17. INFORMANT *Mary Philips* (ADDRESS) *Phulda Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Phulda Mo.* DATE *May 23* 19*37*

19. UNDERTAKER (ADDRESS) *J. F. Robertson, Phulda Mo.*

20. FILED _____ 19 _____ Registrar _____

Name of operation _____ Date of _____

What test confirmed diagnosis? *None* 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. N. Thompson*, M. D.
 (Address) *W. Becking Mo.*

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lumpkin
Township Medicine
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 516
Primary Registration District No. 5678

File No. 20600
Registered No. _____

2. FULL NAME

George W. Philips

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eolix Yates Philip

22. I HEREBY CERTIFY, That I attended deceased from May 16 1937 to May 21 1937. I last saw him alive on May 21 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 8 6

Pneumonia Date of onset _____

OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Lumpkin Ga (STATE OR COUNTRY) no

FATHER 13. NAME Robert Philips

14. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY) no

MOTHER 15. MAIDEN NAME Paulina

16. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY) no

17. INFORMANT (ADDRESS) Mary Philips

18. BURIAL, CREMATION, OR REMOVAL PLACE Chula Ga DATE May 23 1937

19. UNDERTAKER E. J. Robertson (ADDRESS) Chula Ga

20. FILED July 13 1937 Mrs. Martha Boone Registrar

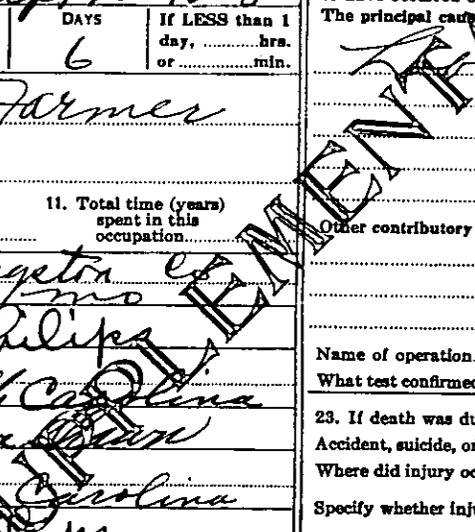
Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

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) N. H. Musgrave, M. D.
(Address) Waxling Ga

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



5-20600