

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.

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Johnson*

Township *East Oak*

City *Easton Mo.*

Registration District No. *431 5586 Post Oaks*

Primary Registration District No. *4256 Easton*

File No. *24061*

Registered No. *720*

2. FULL NAME *Daniel Phillippe*

(a) Residence, No. *St.*

(Usual place of abode)

Length of residence in city or town where death occurred *45 yrs.* mos. ds.

St.

Ward.

(If nonresident, give city or town and State)

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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *Mary Jane Phillippe*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 21-1956*

7. AGE

YEARS *80*

MONTHS *6*

DAYS *11*

IF LESS THAN 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dark Co. Ohio*

FATHER

13. NAME *Nelson Phillippe*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER

15. MAIDEN NAME *Rebecca Luda*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Mrs. M. P. Phillippe* (ADDRESS) *Easton Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wheat Creek* DATE *6-4 1937*

19. UNDERTAKER *R. B. Braunger* (ADDRESS) *Easton Mo.*

20. FILED *July 9 1937 Annabel Reynolds Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 23, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *June 1, 1937, to June 2nd, 1937*

I last saw h. i. m. alive on *June 2nd, 1937*. Death is said to have occurred on the date stated above, at *9:40 P. m.*

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

Date of onset

Other contributory causes of importance: *108*

Name of operation *June 2/14/37*

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?

If so, specify

(Signed) *J. Day*

M. D.

(Address) *Easton Mo.*

