

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.

**OCT 19 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

D-1  
**33209**

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Jaw Primary Registration District No. 1002  
 City Kennett (No. 3816) Summit St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edwin Phillips  
 (a) Residence, No. 228 No. Walnut 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**

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 OF (OR) WIFE OF Vergie Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Cor 16 - 1883

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>53</u>	<u>54</u>	<u>10</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Washburn Crookery

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

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) Missouri

MOTHER FATHER

13. NAME John Phillips

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

15. MAIDEN NAME Hannah Lee

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

17. INFORMANT Vergie Phillips  
 (ADDRESS) 228 No. Walnut, etc.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept, 9 - 37

19. UNDERTAKER Miss C. L. Gustin  
 (ADDRESS) 418 Brookline ave

20. FILED Sept 7 1937 37m m Brown  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-37 19\_\_

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

I last examined the body of \_\_\_\_\_, 19\_\_ Death is said to have occurred on the date stated above, at 9:50 P m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Edema  
Cerebral Vascular  
Probably alcoholic  
(But do not know)

Date of onset \_\_\_\_\_

Other contributory causes of importance 175

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phillips Was there an autopsy? yes

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? Y  
 If so, specify \_\_\_\_\_  
 (Signed) Russell W. New, M. D.  
 (Address) \_\_\_\_\_

10111

10111

10111

10111

10111