OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Vernon
Township: Odage
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 871
Primary Registration District No. 6135

File No. 35536
Registered No. 13

2. FULL NAME: Walter Phelps Philpott
(a) Residence. No. RFD Rich Hill # 3 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margorie Philpott

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 28, 1887

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	10	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cleveland Ohio

PARENTS
10. NAME OF FATHER: George Philpott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dover England
12. MAIDEN NAME OF MOTHER: Clara Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Akron Ohio

14. INFORMANT: Raymond Philpott
(Address): Rich Hill RFD # 3

15. FILED Sep 29 1937 C. H. Musser M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 27/37 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937 to Sept 27, 1937 that I last saw him alive on Sept 23 1937, and that death occurred, on the date stated above, at 5:20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 59

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [illegible] M. D.
9/28, 19 37 (Address) Rich Hill Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill, K.C. Mo.
DATE OF BURIAL: Sep. 29/37

20. UNDERTAKER: Booth Funeral Service
ADDRESS: Rich Hill 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.