

DEC 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County BirningtonRegistration District No. 508

Township

Primary Registration District No. 3026City Chillicothe

(No. _____)

File No. 41804Registered No. 159

St. _____

Ward _____

2. FULL NAME Joyce Phillips

(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

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-23-1926

7. AGE

10 YEARS11 MONTHS7 DAYS

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

OCCUPATION

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

School child

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) Chillicothe Mo13. NAME Harry Phillips14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo.15. MAIDEN NAME Aida J. Woolsey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldwell Mo.17. INFORMANT (ADDRESS) Harry Phillips Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Edgewood DATE Nov 30, 193719. UNDERTAKER (ADDRESS) Jas D Gordon Chillicothe Mo20. FILED Coast 1937H. M. Howell, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-27-193722. I HEREBY CERTIFY, That I attended deceased from Nov 28 1937 to Nov 27 1937I last saw her alive on Nov 27 1937 Death is said to have occurred on the date stated above, at 10:15 a.m.

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

EncephalitisDate of onset 11/11/37Other contributory causes of importance: Pneumonia10/28/37

Name of operation _____ Date of _____

What test confirmed diagnosis? Physiologist upon 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. M. Russell, M.D.(Address) Chillicothe 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.

