

JAN 24 1938

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

Do not use this space.

103

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File No. _____
Registered No. 94

1. PLACE OF DEATH

County RAY Registration District No. 744
Township Richmond Primary Registration District No. 3035
City RICHMOND (No. _____) St. _____ Ward _____

2. FULL NAME

Benjamin F. Phillips 412

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Alice Herod

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1864

7. AGE YEARS 73 MONTHS 7 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ray, Co. Mo.

13. NAME Ashley Phillips

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

15. MAIDEN NAME Becky Anne Seek

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

17. INFORMANT Robert Eddings (ADDRESS) Richmond, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Dockery, Mo DATE 1/3/38

19. UNDERTAKER Brothers-Joiner (ADDRESS) Richmond, Mo.

20. FILED 1/10 38 Frank McDonald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 37 to Jan 2 38. I last saw him alive on Jan 1 38. Death is said to have occurred on the date stated above, at 12:45pm.

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

Admission Disease Date of onset ?

Other contributory causes of importance: 68

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Ex 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? _____
If so, specify _____ (Signed) _____, M. D.

(Address) Richmond 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.

