

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH *As stated*

99

County ~~Washington~~ *Union*

Registration District No. *810*

File No. *12235*

Township *Union*

Primary Registration District No. *6056*

Registered No. *12*

City (No. _____) _____

(No. _____) _____

St. _____ Ward _____

2. FULL NAME *Amanda Phillips*

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(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OF RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 13 1938*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF *W. G. Phillips*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 6 1938* to *Mar 8 1938*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 13 1864*

I last saw her alive on *Mar 8 1938*. Death is said to have occurred on the date stated above, at *10:00 a.m.*

7. AGE YEARS *74* MONTHS *3* DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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

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

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 _____

Other contributory causes of importance: *131' General Edema*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*

13. NAME *Geo Barrett*

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

15. MAIDEN NAME *Melissa Beavers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*

17. INFORMANT *G. R. Phillips* (ADDRESS) *Arbuckle mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memphis* DATE *Mar 16 1938*

19. UNDERTAKER (ADDRESS) *Worth Barrett Memphis mo*

20. FILED *APR - 9 1938* Registrar *G. R. Phillips*

Name of operation _____ Date of _____
What test confirmed diagnosis? *Chemical* 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 _____

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? *No*
If so, specify _____ (Signed) *A. E. Hatter*, M. D.

(Address) *Memphis Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

