

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Mason
City Hannibal

Registration District No. 547
Primary Registration District No. 3079
(No. St. Elizabeths Hospital)

File No. 15246
Registered No. 104
St. _____ Ward _____

2. FULL NAME

Katherine Parsons Phillips
(a) Residence, No. 511 Park St. _____ 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 Female 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 Stanton B. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1859

7. AGE YEARS 78 MONTHS 9 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

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) near Philadelphia
Missouri

13. NAME David Parsons

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

15. MAIDEN NAME Mary Woods

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

17. INFORMANT Mrs J. E. Jordan
(ADDRESS) 511 Park St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodswood Cemetery DATE April 11 1938

19. UNDERTAKER Wm M Smith
(ADDRESS) 902 Broadway

20. FILED Apr 11 1938 St. Elizabeths Hospital
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 4 1938 to Mar 3 1938

Last saw h. or a. alive on Mar 3 1938 Death is said to have occurred on the date stated above, at 6:00 A. m.

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

Fractured Hip

Date of onset _____

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? X Ray 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? at home Hannibal Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. B. Blinn, M. D.
(Address) Hannibal 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.

