

SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County COOPER
Township
City BOONVILLE (No. _____) St. _____ Ward _____

Registration District No. 218
Primary Registration District No. 3015

File No. 28710
Registered No. 71

2. FULL NAME LEONARD PHILLIPS 417

(a) Residence, No. 609 LE ROY St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 4 .1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

22. I HEREBY CERTIFY, That I attended deceased from May 22 1937, to Aug 4 1938
I last saw him alive on July 30 1938. Death is said to have occurred on the date stated above, at 1 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 31-1856

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 0 4

Myocarditis Date of onset

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation -

Other contributory causes of importance: Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROBINSON COUNTY KENTUCKY

13. NAME DARIUS PHILLIPS

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

15. MAIDEN NAME TEAKIE ANN CURTIS

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

17. INFORMANT MRS MILDRED KELLY (ADDRESS) BOONVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE BEAMAN MO DATE AUG 6 1938

19. UNDERTAKER STEGNER-KOENIG (ADDRESS) BOONVILLE MO

20. FILED Aug 9 1938 DeLooper Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Cliv 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? no
If so, specify _____
(Signed) W.H. Zylinder, M. D.
(Address) Boonville 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.

RECEIVED
District Health Officer No. 8,
District File Number 9/4/38
Date Filed _____