

REC'D SEP 28 1938

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

Do not use this space.

29885

1. PLACE OF DEATH

County St Charles Registration District No. 760 B
Township Dardenne Primary Registration District No. 6001
City Cottleville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 53

2. FULL NAME

William F. Phillips 419
(a) Residence, No. Cottleville St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mrs. Amelia Phillips

22. I HEREBY CERTIFY, that I attended deceased from Aug 4 1938, to Aug 12 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1858

I last saw him alive on Aug 10 1938. Death is said to have occurred on the date stated above, at 12 m.

7. AGE YEARS 80 MONTHS 4 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Chronic Myocarditis
Auricular fibrillation
1960
Date of onset 10 yrs

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:
Trauma from fall 8-2-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cottleville Mo

FATHER 13. NAME John Phillips

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

MOTHER 15. MAIDEN NAME Felix

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

17. INFORMANT (ADDRESS) Orvas Phillips
Cottleville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cottleville Mo DATE Aug 15 1938

19. UNDERTAKER (ADDRESS) E. A. Keethy
Cottleville Mo

20. FILED Aug 15 1938 E. A. Keethy
Registrar

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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 Fall home

Nature of injury Contusions side Right

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Nicholas J. Honick, M. D.
O'Fallon, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

