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.

REC'D NOV 17 1938

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

Do not use this space.

35790

1. PLACE OF DEATH
County Harrison — Registration District No. 336 — File No.
Township — Primary Registration District No. 4199 — Registered No. 14
City Cainsville (No. , St. Ward)

2. FULL NAME Adam Otto Phillips
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Stella Phillips
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April, 6, 1858.
7. AGE: YEARS 80 — MONTHS 6 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): 1932
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Spencer, Indiana.

FATHER
13. NAME: Joseph Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

MOTHER
15. MAIDEN NAME: Julia Franklin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

17. INFORMANT (ADDRESS): Mrs. Stella Phillips, Cainsville, Missouri.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Zoar Cemetery — DATE: November, 2, 1938.
19. UNDERTAKER (ADDRESS): Eddie J. Stoklasa, Cainsville, Missouri.
20. FILED: 10/31, 1938 — C E Oden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October, 30, 1938.
22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1938, to Oct 30, 1938
I last saw him alive on Oct. 30, 1938. Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance: 107

Name of operation — 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Nally, M. D.
(Address) Cainsville, Missouri.