

NOV 21 1938

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

Do not use this space.

35793

File No. 11
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Harrison
Township Clay
City _____ (No. _____)

Registration District No. 335
Primary Registration District No. 5470

2. FULL NAME Fern Phillips

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 2 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Harrison County (STATE OR COUNTRY) Missouri

MOTHER 13. NAME John Brower

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

15. MAIDEN NAME Elizabeth Beardsley

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

17. INFORMANT Mrs. Ina DeLong (ADDRESS) Blythedale, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glaze Cemetery DATE Oct. 12, 1938

19. UNDERTAKER Eddie J. Stoklass (ADDRESS) Cainsville, Missouri

20. FILED Nov 11, 1938 Registrar J. W. Caster

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on Dec 22, 1936 Death is said to have occurred on the date stated above, at 3:30 P. M.

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

I presume Paralysis of I had not attended her since Dec 22, 1936

Other contributory causes of importance: Interstitial nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Smear 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) J. H. W. Caster, M. D.
(Address) Louis City, Iowa

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.

