

DEC 19 1938

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

39519

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper(b) Township McDonald(c) City AvillaRegistration District No. 419Primary Registration District No. 5573

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.

(e) Length of residence in city or town where death occurred _____ yrs. mos. ds.

(f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Emily Frances Phillips(a) Residence, No. Avilla, Missouri

(Usual place of abode, if no street address, write county or city)

(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 OFW. P. Phillips6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.801129

OCCUPATION

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

housewife

9. Industry or business in which work was done, as 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) Bentonville
(STATE OR COUNTRY) Arkansas13. NAME J. L. Powell14. BIRTHPLACE (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)15. MAIDEN NAME Martha Hubbard16. BIRTHPLACE (CITY OR TOWN) South Carolina
(STATE OR COUNTRY)17. INFORMANT Mrs. Mattie Berry
(ADDRESS) Avilla, Missouri18. BURIAL, CREMATION, OR REMOVAL Miller, Mo.
PLACE Pleasant Grove DATE Nov. 19, 193819. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
(ADDRESS) Carthage, Missouri20. FILED Nov. 19, 1938 Mrs. W. A. Hall
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17, 193822. I HEREBY CERTIFY, That I attended deceased from was misattended (found dead)I last saw him alive on a few days before his death Death is said to have occurred on the date stated above, at 7:30 p. m.

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

Date of onset

Heart attack most probable - judging from circumstances connected with the case.She was known to have heart disease & had been treated for same for years -

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical history _____

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) A. N. Cordonnier, M. D.(Address) Carthage Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *E. J. J. J.*

Licensed Embalmer No. *2722*

P. O. Address *Cartersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.