

REC'D FEB 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lackawn County
Township Lavo
City Mamas City, Mo.

Registration District No. 391
Primary Registration District No. 1002
(No. 5391 Highland Ave.)

File No. 1022
Registered No. 35
St. _____ Ward _____

2. FULL NAME

H. J. Thomas Phillips

(a) Residence, No. 5391 Highland Ave. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 81 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY) Rome N. Y.

MOTHER 13. NAME Thomas Phillips

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

15. MAIDEN NAME Catherine Lytel

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

17. INFORMANT Sister Corvillie

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Jan 5th 1938

19. UNDERTAKER Quinn & St. John Co

(ADDRESS) 520 W. Highland

20. FILED Jan 4 1939 M. M. Crosby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4th 1939

22. I HEREBY CERTIFY that I attended deceased from Dec 16th 1938 to Jan 4th 1939

I last saw him alive on Jan 4th 1939 Death is said

to have occurred on the date stated above, at h. 2 o. 2 m.

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

Chronic nephritis Date of onset 6 mo.

Other contributory causes of importance:

Arteriosclerosis 15 yo

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul V. O'Rourke M. D.

(Address) 1402 Bryant Pl

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.

