

REC'D FEB 6 1939

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

Do not use this space.

**1. PLACE OF DEATH**County ScotlandRegistration District No. 948Township DeerPrimary Registration District No. 6060City Greensburg

(No. ....)

St. Mo Ward**2. FULL NAME**U. P. Neva Virdee Philips

(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****MEDICAL CERTIFICATE OF DEATH****3. SEX**Female**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**-**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**-**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Jan 8, 1939**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .5 hrs. or ..... min.

3**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. ....

(b) General nature of industry, business, or establishment in which employed (or employer). ....

(c) Name of employer. ....

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**Jan 11 1939**17.**

I HEREBY CERTIFY, That I attended deceased from Jan 8, 1939, to Jan 11, 1939, that I last saw her alive on Jan 11, 1939, and that death occurred, on the date stated above, at 10:00 A.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**Pneumonia (Lobar)108(duration) .... yrs. .... mos. 2 ds.**CONTRIBUTORY (SECONDARY)**

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. ....

DID AN OPERATION PRECEDE DEATH? .... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. E. Symmonds, M. D., 19 (Address) Memphis Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL****DATE OF BURIAL**Greensburg Mo Jan 12 1939**20. UNDERTAKER****ADDRESS**North & Ballard Memphis

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PARENTS

**10. NAME OF FATHER**Mallie Adams Philips**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**Greensburg(STATE OR COUNTRY) Scotland Co. Mo**12. MAIDEN NAME OF MOTHER**Edith Vera Shultz**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**Greensburg(STATE OR COUNTRY) Scot. Co. Mo**14. INFORMANT (Address)**Mallie Adams PhilipsGreensburg Mo**15. FILED** Jan 16 1939U. P. Neva Philips

REGISTRAR

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

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