

REC'D APR 17 1939

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

Do not use this space.

9760

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1902  
City Lawrence (No. St. Joseph Hospital) Registered No. 1366  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. RR 1 Lawrence 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. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank J. Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 26, 1891</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>3</u>
	DAYS <u>1 day</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	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)  
Unknown  
N.Y.13. NAME James J. Gilchrist14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Lexington  
N.Y.15. MAIDEN NAME Margaret R. Black16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Lexington  
N.Y.17. INFORMANT (ADDRESS)  
Frank J. Phillips  
Lawrence, Kansas18. BURIAL, CREMATION, OR REMOVAL PLACE  
Cawstonville, Kansas DATE Mar. 26, 193919. UNDERTAKER (ADDRESS)  
L. J. Gaddy & Son  
Cawstonville, Kansas20. FILED Nov 30, 1939 M. M. Browne  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 193922. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1939, to Mar 27, 1939I last saw her alive on Mar 24, 1939 Death is saidto have occurred on the date stated above, at 8:24 a.m.

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

Date of onset

Myocarditis, chronicOther contributory causes of importance: 131Chronic nephritisName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? laboratory 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? None (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) Vircent Williams, M. D.(Address) 736 Argyle St. Lawrence

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.

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