

REC'D APR 11 1939

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

Do not use this space.

10040

1. PLACE OF DEATH

County Boone
Township Cedar
City (No. _____) _____

Registration District No. 71
Primary Registration District No. 5110A

File No. _____
Registered No. 12 St. _____ Ward _____

2. FULL NAME Mary Missouri 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1865

7. AGE YEARS 73 MONTHS 8 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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. _____
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) Kentucky

13. NAME Wellington Daniels

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

15. MAIDEN NAME Lucindia Goshen

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

17. INFORMANT (ADDRESS) Anna Hudson, Steunmo

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect DATE 3/29/39

19. UNDERTAKER (ADDRESS) Ashland Undt. Co. Ashland, Mo.

20. FILED Apr 7 1939 Frances Nichols Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/39 .19

2. I HEREBY CERTIFY, that I attended deceased from 3-20 1939 to 3-27 1939
I last saw her alive on 3-27 1939 Death is said to have occurred on the date stated above, at 2:25 P.M. m.

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

Cerebral hemorrhage
Date of onset _____
Other contributory causes of importance: g2M1

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) W. B. Taylor, M. D.
72 (Address) Ashland, 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.

FORM NO. 22-38 I 19314

