WHITE PLANET, 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.

1939-3-19
1939-2-10

REC'D APR 24 1939

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

Do not use this space.

11399

1. PLACE OF DEATH
County Lewis
Township Highland
City Ewing (No. ..... St. ..... Ward)
Registration District No. 478
Primary Registration District No. 3642
File No. .....
Registered No. 3.

2. FULL NAME William Parker 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. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Phillips
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10. 1874
7. AGE YEARS 65 MONTHS 1 DAYS 7 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. Farmer.
10. Date deceased last worked at this occupation (month and year) March - 1939.
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry C. Iowa

FATHER
13. NAME Clarkson Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER
15. MAIDEN NAME Mary Fenton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Lula Phillips (Ewing Mo.) Mr. J. T. Phillips
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE March 19 1939
19. UNDERTAKER (ADDRESS) Thos. Ball & Ewing, Mo.
20. FILED 4-5- 1939 Anna K. Ball Dept Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 12th, 1939, to March 16th, 1939
I last saw him alive on March 16th, 1939. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar. 9th

Other contributory causes of importance:
Influenza
Cardiac Failure.

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) Dr L. E. Carr, M.D.
(Address) La Grange, Mo.

JUN 26 1945

RECEIVED
District Health Officer No. 10
District File Number 10-39-578
Date Filed APR 14 1939