

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

**18108**  
Do not use this space.

**JUN 14 1939**

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001 Registered No. 552  
 (c) City St. Joseph, Mo. (d) Street No. Sister's Hospital St.  
 (e) Length of residence in city or town where death occurred 76 yrs. 5 mo. 29 ds. (f) How long in U.S., if of foreign birth? yrs. mo. ds.

**2. PRINT FULL NAME** Lettie A. Phillips

(a) Residence, No. 323 S. 5th St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 5 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic  
 9. Industry or business in which work was done, as 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) Andrew County  
 (STATE OR COUNTRY) Missouri

13. NAME William Kimberlin

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

15. MAIDEN NAME Margaret Cook

16. BIRTHPLACE (CITY OR TOWN) Chick  
 (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. W.C. Clisbee  
 (ADDRESS) 4117 E. 6th, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE May 29, 1939

19. FUNERAL DIRECTOR (NAME) Fleeman & Son, Inc.  
 (ADDRESS) 1946 Calhoun, St. Joseph, Mo.

20. FILED May 29, 1939 H.J. Nestlebaum  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1939, to May 26, 1939  
 I last saw her alive on May 26, 1939. Death is said to have occurred on the date stated above, at 11:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease  
Uremic Poisoning  
Coronary Heart Failure  
 Date of onset Unknown  
May 23, 1939

Other contributory causes of importance:  
Chronic Glomerular Nephritis  
Hypostatic pneumonia

Name of operation None Date of  
 What test confirmed diagnosis Clin. Autops. Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 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) J.F. Marshall, M. D.

(Address) 210 Karkpatrick Bldg. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Winifred S. Schooley*

Licensed Embalmer No. *3909*

P. O. Address *St. Joseph, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**