

REC FEB 12 1940

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

2176
Do not use this space.

1. PLACE OF DEATH
(a) County Cosper Registration District No. 220
(b) Township Clear Creek Primary Registration District No. 5/04
(c) City Pilot Grove, Mo. Rural (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 9 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martin G. Phillips
(a) Residence, No. near Pilot Grove, Mo. 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 Male 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 Mattie Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 _____

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. same

10. Date deceased last worked at this occupation (month and year) Nov. 25, 1939 11. Total time (years) spent in this occupation 40

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1940, to 1-27, 1940
I last saw him alive on Jan 26, 1940 Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lung
23
Other contributory causes of importance:
P. S. Tuberculosis of Kidney

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

FATHER 13. NAME William Riley Phillips Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

MOTHER 15. MAIDEN NAME Katherine Gentry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

17. INFORMANT (ADDRESS) James G. Phillips Pilot Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove Cem. DATE Jan 29, 40

19. FUNERAL DIRECTOR (ADDRESS) Spang & Speckle Pilot Grove, Mo.

20. FILED 1/29 1940 H. B. Rasher Local Registrar.

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) J. D. Boley, M. D.
(Address) Pilot Grove, Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed *11/10/40*

STATEMENT BY LICENSED EMBALMER

I, *Robert L. Painter*, Licensed Embalmer No. *4069*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *myself*

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Robert L. Painter*

Licensed Embalmer No. *4069*

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.)