

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

Do not use this space.

**35069**

**1. PLACE OF DEATH**

20 County Cedar  
Township Jefferson  
City Sheldon (No. ....)

Registration District No. 165  
Primary Registration District No. 6230

File No. ....  
Registered No. 93  
St. .... Ward)

**2. FULL NAME**

Huston Alton Phillips

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
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 Male 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 Lennessee Phillips  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19-1863  
7. AGE YEARS 69 MONTHS 7 DAYS 17 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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) Fairplay Mo (STATE OR COUNTRY) Mo

FATHER 13. NAME William Phillips  
14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Mary Simons  
16. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) Tenn

17. INFORMANT R A Phillips (ADDRESS) Sheldon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Alder DATE Nov 7 1932

19. UNDERTAKER Davis (ADDRESS) Sheldon, Mo

20. FILED Dec 1932 E S Smith Registrar. Mary Hay

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Nov 6, 1932.  
I last saw him alive on Nov 6, 1932. Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:

Sarcoma of femur. Date of onset

53D 15563  
Other contributory causes of importance:  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 ..... ①

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) H A Simons, M. D.  
(Address) Sheldon 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.

