OCT 2 6

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

Do not use this space.

26916

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township Washington — Primary Registration District No. 3016 — Registered No. 48
City Washington Mo. (No. ..... St. ..... Ward)

2. FULL NAME Cynthia Ann Phillips
(a) Residence. No. 1020 W 5th St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 18 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 Christopher W. Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 - 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	1	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin County
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Harvey Campbell.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Ann E. Armstrong
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Hy Wilkinson
(Address) Washington Mo.

15. FILED Sep 7, 1927 O. L. Munch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1927, to Sept 6, 1927 that I last saw her alive on Sept 6, 1927, and that death occurred, on the date stated above, at 9:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
57
(duration) 3 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY) Diabetic Coma
59 (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
(2) DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B E Mankopf, M. D
9/7/, 1927 (Address) Washington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McLean Cemetery
DATE OF BURIAL 9-8-27 19

20. UNDERTAKER Otto & Co
ADDRESS Washington

...supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.