

7 FEB 23 1928

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

Do not use this space.

37639

1. PLACE OF DEATH

County Madison  
Township Madison  
City Marionville (No. ....) St. .... Ward)

Registration District No. 598  
Primary Registration District No. 4355

File No. 3  
Registered No. ....

2. FULL NAME

Millie Alice 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. 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 Sampson Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 8<sup>th</sup> 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
60 8 22

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

10. NAME OF FATHER Galvin Harriott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Tabie Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT (Address) Sampson Phillips  
Marionville Mo

15. FILED Jan 21-28 BY M L Lutman REGISTRAR  
Jan 1-28

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30<sup>th</sup> 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1927, to Dec 30 1927 that I last saw h.l.t. alive on Dec 28 1927, and that death occurred, on the date stated above, at 4:29 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
11B Ante-natal Influenza

(duration) ..... yrs. .... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 11B  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms  
(Signed) S. N. Newton M. D.  
Dec 30, 1927 (Address) Marionville 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 Marionville Mo DATE OF BURIAL Jan 1<sup>st</sup> 1928

20. UNDERTAKER Marionville Mo  
Marionville Mo

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.

