JUL 26 1928

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

Do not use this space.

21257

1. PLACE OF DEATH
County Marion
Township Mason
City Hannibal (No. 111 N. Eight St. Ward)
Registration District No. 547
Primary Registration District No. 3029
File No.
Registered No. 164

2. FULL NAME Polly Oldham Philips
(a) Residence. No. 111 N. Eight 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)~~: Widow

5A. ~~If Married, Widowed, or Divorced~~ ~~Husband of~~ ~~(or)~~ WIFE OF Albert L. Philips (Dec)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18 - 1874

7. AGE: 53 Years | Months: 6 | Days: 5 | If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER Wm H. Oldham
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Mary F. Ayers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rolls Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Chas. Malcher
(Address) 111 N. Eighth St.

15. FILED 6/26, 1928 C. E. Strode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw her alive on ....., 19...., and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide by Hanging

165 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 168 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. R. Scott Coroner
19 (Address) Marion Co 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: Mt. Olivet
DATE OF BURIAL: 6/25 1928

20. UNDERTAKER: Wm M. Smith
ADDRESS: Hannibal

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.

THIS IS A PERMANENT RECORD