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OCT 24 1929

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

Do not use this space.

31302

1. PLACE OF DEATH
County Livingston — Registration District No. 309 — File No. 11
Township Medicine — Primary Registration District No. 0678 — Registered No. 11
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Era Olive Phillips Jr
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 16 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: G. W. Phillips Jr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 8-1881

7. AGE: Years 48 — Months 1 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

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): Wife of farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston County Missouri

PARENTS
10. NAME OF FATHER: Mike Trumbo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Martha McQuade
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

14. INFORMANT (Address): Geo. W. Phillips R2. Chula Mo.

15. FILED 18-1 1929 O. Boyles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1929, to Sept 28, 1929, that I last saw her alive on Sept 28, 1929, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gallstones
126
123
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) W. H. Musgrove, M. D
, 19 (Address) Wheeling 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: Wallace Cemetery — DATE OF BURIAL: Sept 1929

20. UNDERTAKER: F. L. Smiley Wheeling — ADDRESS: Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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