

NOV 8 1930

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

Do not use this space.

31868

1. PLACE OF DEATH

County Stoddard  
Township Pike  
City Advance (No. ....)

Registration District No. 834  
Primary Registration District No. 6097

File No. ....  
Registered No. 29  
St. .... Ward)

2. FULL NAME

Loyd James Phillips

(a) Residence. No. .... St. .... Ward. ....

Length of residence in city or town where death occurred yrs. 10 mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-7-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
5 2 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work L  
(b) General nature of industry, business, or establishment in which employed (or employer) L  
(c) Name of employer ( )

9. BIRTHPLACE (CITY OR TOWN) Advance R.F.D. Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Mitt Phillips

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

12. MAIDEN NAME OF MOTHER Lillie Belle Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pleasant Grove Mo. (Stoddard co)  
(STATE OR COUNTRY)

14. INFORMANT J.M.F. Phillips  
(Address) Advance Mo.

15. FILED 10-2-1930 C. McKearly  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1930, to Sept 28, 1930, that I last saw him alive on Sept 28, 1930, and that death occurred, on the date stated above, at 4:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angioplegias.

153

(duration) .... yrs. .... mos. 6 da.

CONTRIBUTORY (SECONDARY)

None

(duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED at Place of Death  
IS NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy Dissection

(Signed) James M. Hindman, M.D.

10-2-1930 (Address) Advance 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 Pleasant Grove Cemetery DATE OF BURIAL 9-29-1930

20. UNDERTAKER W.C. Knight ADDRESS Advance 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.

