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

Do not use this space.

28184

1. PLACE OF DEATH

County Shannon Registration District No. 824

Township Eminence Primary Registration District No. 6076

City ~~Deslet~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Charles Mathew Phillips

(a) Residence. No. Deslet St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

SEP 27 1932

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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 21, 1875.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	5	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming 1

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ironton, 1
(STATE OR COUNTRY) Iron County, Mo.

PARENTS

10. NAME OF FATHER William G. Phillips

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Lawerence County, Ohio.

12. MAIDEN NAME OF MOTHER Rumburg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Lawerence County, Ohio

14. INFORMANT .....
(Address) Deslet, Missouri

15. FILED 8-10- 1932 Frank Hogue MW
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/20 1932

17. I HEREBY CERTIFY, That I attended deceased from 3/18, 1932, to 8/9, 1932 that I last saw him alive on 8/8, 1932 and that death occurred on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131 (duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) ✓

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

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) [signature], M. D

, 19 (Address) [signature] 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: Rumburg Cemetery

DATE OF BURIAL: Aug. 11, 1932

20. UNDERTAKER: [signature]

ADDRESS: Deslet, Mo.

L. B. Kalls.