

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

Do not use this space.

31756

File No. \_\_\_\_\_  
Registered No. 124 St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

24 County CLAY Registration District No. 198  
Township FISHING RIVER Primary Registration District No. 3011  
City EXCELSIOR SPRINGS *U.S. Hosp*

**2. FULL NAME** ERNEST PHILLIPS

(a) Residence, No. 326 WALKER St. \_\_\_\_\_ Ward. KANSAS CITY? KANSAS  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF  
Bertha Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 11 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 157  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

FATHER 13. NAME JAMES PHILLIPS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

MOTHER 15. MAIDEN NAME MARTHA ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

17. INFORMANT himself, on Hospital Records U.S.V  
(ADDRESS) 215 5th St. No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Kansas DATE 10-9-32

19. UNDERTAKER John C. Prather  
(ADDRESS) Excelsior Springs Mo.

20. FILED 10-9, 1932 Y. D. Deann  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1932, to Oct 8, 1932

I last saw him alive on Oct 8, 1932. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

Valvular Disease Heart, Date of onset  
Mitral Stenosis ?

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? EXAM. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in me was related to occupation of deceased? NO  
If so, specify \_\_\_\_\_

(Signed) Garrett V. Johnson, M. D.  
(Address) CLINICAL DIRECTOR

OCT 25 1932

