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.

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

Do not use this space.
13548

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 1881
Township Kaw — Primary Registration District No. — Registered No.
City K C Mo (No. St Marys Hosp St. Ward)

2. FULL NAME Dorrie Lyle Phillips
(a) Residence, No. 1709 Rosedale Drive Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) April 27 1928
7. AGE YEARS 5 MONTHS 0 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) K C Ks.

FATHER
13. NAME W R Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emporia Ks.

MOTHER
15. MAIDEN NAME Lucile Stoddard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

17. INFORMANT (ADDRESS) W R Phillips 1709 Rosedale Drive
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill Cem DATE May 1 1933
19. UNDERTAKER (ADDRESS) Simmons & Son K C Ks
20. FILED 4-29 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to 4-28, 1933
I last saw him alive on 4-28, 1933. Death is said to have occurred on the date stated above, at 10 38 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic peritonitis	4-18
Empyema	4-25
Pulmonary Oedema	4-28

Other contributory causes of importance:
129

Name of operation Rib Resection Date of 4-26
What test confirmed diagnosis? Aspiration 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 any way related to occupation of deceased? No
If so, specify ✓
(Signed) P. M. Nunn, M. D.
(Address) 5 N Sw Blvd

Dr. Sandus