MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Cass — Registration District No. 156 — File No. 12171
Township — Primary Registration District No. 4090 — Registered No. 33
City Harrisonville (No. ..... St. ..... Ward)

2. FULL NAME Ruby Phillips
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE Wh
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) Dec 22-1917
7. AGE YEARS 16 MONTHS 3 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
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) Morristown South Dakota

FATHER
13. NAME Oda Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krane Missouri

MOTHER
15. MAIDEN NAME Myrtle Sissel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hurley, Mo

17. INFORMANT (ADDRESS) Mrs. Ruth Potters. La Tours, Mo. R. F. D. 1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pitts Chapel DATE 4-18 1934
19. UNDERTAKER (ADDRESS) A. D. Hartzler East Lynne Mo.
20. FILED 4/19 1934 A S Long Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 9th, 1934, to April 16th, 1934
I last saw her alive on April 17, 1934. Death is said to have occurred on the date stated above, at 12:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis from Rupture of Appendix	
121a	

Other contributory causes of importance:
Toxic Endocarditis

Name of operation Mining of Peritoneum Date of 4/9th 34
What test confirmed diagnosis? Operation 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) [signature] M. D.
(Address) 104 W Pearl Harrisonville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.