JAN 10 1935

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

Do not use this space.

39262

1. PLACE OF DEATH

County: Iron — Registration District No.: 391

Township: Arcadia — Primary Registration District No.: 4230

City: Ironton (No. ..., ... St. ... Ward)

File No. ... Registered No. 42

2. FULL NAME John Phillips

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
M	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Etta S. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28. 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
37	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Ellington Mo.

FATHER

13. NAME Albert Phillips

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

MOTHER

15. MAIDEN NAME Cora Weston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Mo.

17. INFORMANT Mrs Etta Phillips
(ADDRESS) Ellington Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellington Mo. DATE Nov. 13 1934

19. UNDERTAKER White & Son Ironton Mo.
(ADDRESS)

20. FILED Dec 10 1934 R.A. Raeche
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:30 P.m.

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

Gun shot accidental while hunting

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

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?

If so, specify Robert Pelsey

(Signed) Coroner Iron Co, M.D.

(Address) Ironton 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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD