

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.

APR 27 1936

13807

1. PLACE OF DEATH

County Vermon Registration District No. 875
 Township Nevada Primary Registration District No. 3039
 City Nevada (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 81

2. FULL NAME

Betty M. Phillip

(a) Residence, No. _____ St. _____ Ward _____
 (If nonresident, give city or town and State)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luther A. Phillip

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 19-4-1855

7. AGE YEARS 77 MONTHS 6 DAYS 17 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) High

13. NAME Sarah Phillip

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

15. MAIDEN NAME Sarah Fitzgould

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

17. INFORMANT (ADDRESS) J. B. Stale Nevada mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellon DATE 3-20 1936

19. UNDERTAKER (ADDRESS) Ess George rows Bellon mo

20. FILED Mar. 18, 1936 M. C. Ehringer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1936 to March 18 1936
 I last saw her alive on March 18 1936. Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Myocardial failure today
 Bronchial pneumonia Feb 5, 1936
 Other contributory causes of importance: Chronic Myocarditis 5yr

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (accident, fall 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) Nevada Mo

