

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS

AUG 22 1936

CERTIFICATE OF DEATH

27272

1. PLACE OF DEATH

County McDonald  
Township McMillen  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 2018  
Primary Registration District No. 5684

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Phipps

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

7. AGE YEARS 88 MONTHS 11 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Polay Co. Ark.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT A. E. Rogers (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lanagan DATE 7-2 1936

19. UNDERTAKER Wright (ADDRESS)

20. FILED Aug 5 1936 Mrs Lee Harper Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to Dec 1935 19\_\_\_\_

I last saw her alive on Dec 25 19\_\_\_\_. Death is said to have occurred on the date stated above, at P. M.

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

Remarriage  
Pulmonary  
stroke

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.

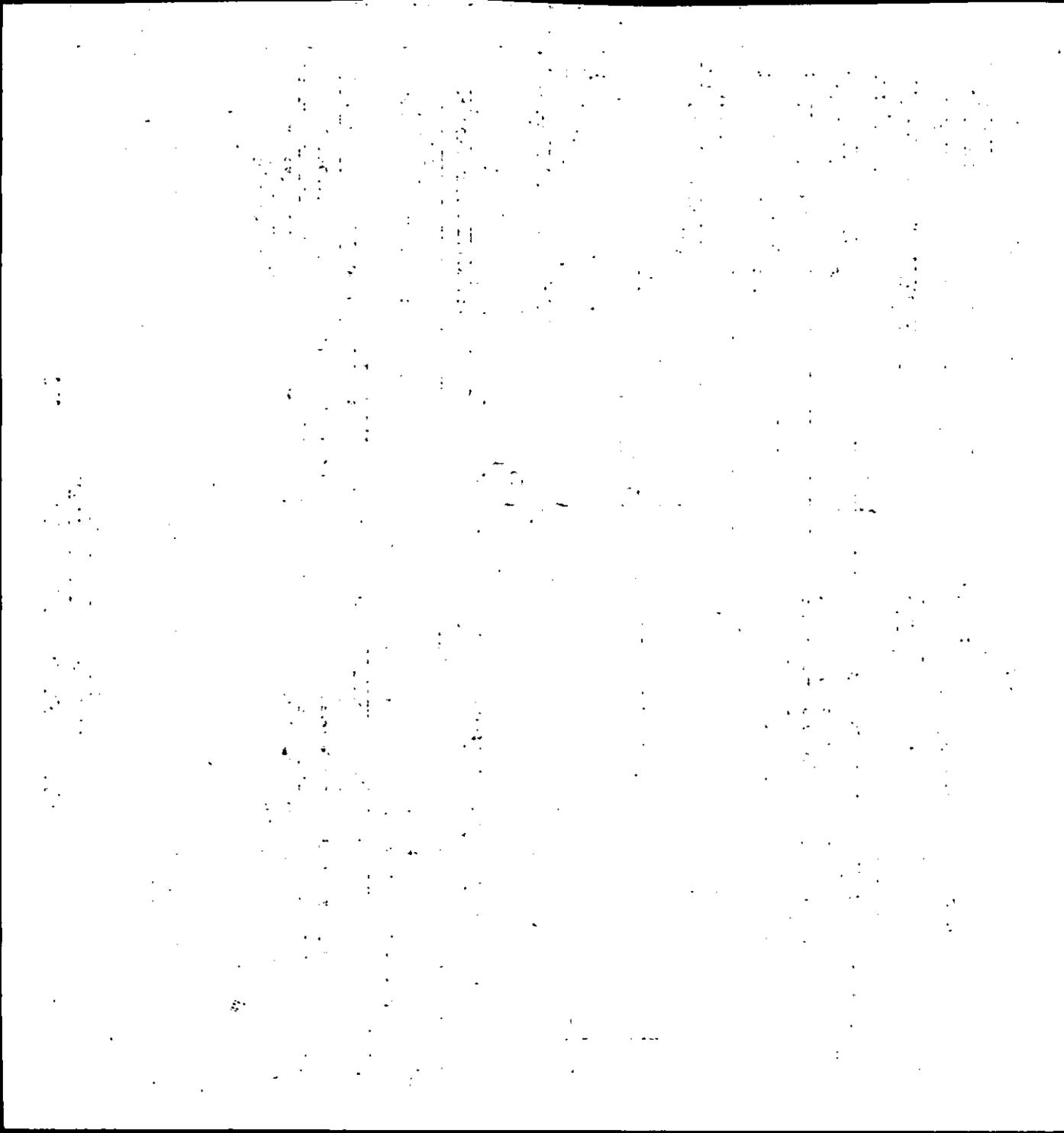
Manner of injury \_\_\_\_\_

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

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) W. H. Horton, M. D.

(Address) Geneville



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

Do not use this space.

**1. PLACE OF DEATH**  
 County McDonald Registration District No. 5-18  
 Township McMillen Primary Registration District No. 3694  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lucy Phipps  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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**

<b>3. SEX</b> <u>F</u>	<b>4. COLOR OR RACE</b> <u>W</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>wid</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b>		
<b>7. AGE</b>	<b>YEARS</b> <u>88</u>	<b>MONTHS</b> <u>11</u>
	<b>DAYS</b> <u>26</u>	<b>If LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>	
	<b>10. Date deceased last worked at this occupation (month and year)</b>	<b>11. Total time (years) spent in this occupation</b>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>		
<b>FATHER</b>	<b>13. NAME</b>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b>	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>	
<b>17. INFORMANT (ADDRESS)</b>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b>		
PLACE _____ DATE _____ 19__		
<b>19. UNDERTAKER (ADDRESS)</b>		
<b>20. FILED</b> <u>Aug 8 1936</u> <u>Mrs. L. P. Hatcher</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 7-1 1936

**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 \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Removal of  
Pulmonary  
Wid. Spleen  
suspected of prior to death  
 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 \_\_\_\_\_  
 (Signed) W. H. Hartow, M. D.  
 (Address) Pineville Mo

SUPPLEMENT

S-27272

PAINTED