

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Town Blue Primary Registration District No. 5554
 City Kansas City, Mo. Fairmount Station St. _____ Ward _____

File No. 6179
 Registered No. 62

2. FULL NAME Frances Louise Phillips

(a) Residence, No. 10404 Evans St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 2 18

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) Kansas City, Mo.

13. NAME Roscoe O. Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braymo, Mo.

15. MAIDEN NAME Eddie Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oshtemo, Mo.

17. INFORMANT (ADDRESS) Mr. Roscoe O. Phillips

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Farm DATE Feb 16 1937

19. UNDERTAKER (ADDRESS) P. O. Carson Funeral Home, Independence, Mo.

20. FILED 2-18-1937 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1937, to Feb 13 1937

I last saw him alive on Feb 13 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Bronchial Pneumonia Date of onset _____

Other contributory causes of importance: Cellulitis of pharynx

Name of operation tracheostomy Date of operation Jan 21 1937
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____

(Signed) Fred W. Bank, M. D.
 (Address) Fairmount, 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.

