JUN 12 1937

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

Do not use this space.

18902

1. PLACE OF DEATH
County Jackson Registration District No. File No. 2
Township Kaw Primary Registration District No. Registered No.
City Kansas City 1130 Indiana 9 St. Ward)

2. FULL NAME George W. Phillips
(a) Residence, No. 1130 Indiana St. Ward K.C. Mo
(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13-78

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
1 yr	59	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Jackson Co Mo

FATHER
13. NAME Geo W Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Elizabeth Tund
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Claude Phillips 5541 S Benton K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grain Valley Mo DATE 5-7-1937

19. UNDERTAKER (ADDRESS) R B Webb Blue Springs Mo

20. FILED 5-5-1937 M M Crawford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23rd, 1937, to 5/4/37, 19..
I last saw him alive on 5/3, 1937. Death is said to have occurred on the date stated above, at 1 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Cystic degeneration & Fatty Infiltration of Kidney	
Pernicious Anemia	1 yr
(131)	
Other contributory causes of importance:	
Ischio Rectal Abscess	2 mts

Name of operation Ischio Rectal Abscess Date of
What test confirmed diagnosis? Laboratory Clinical Was there an autopsy? Yes

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) Dr John S. Hall M.D.
(Address) 820 E 31st K.C. Mo
2A3680