

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

Do not use this space.

**NOV 17 1937**

37566

1. PLACE OF DEATH  
 County Douglas Registration District No. 1075  
 Township Conzelle Primary Registration District No. 5381  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Jane Philpott  
 (a) Residence, No. September mo 194 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jamer S. Philpott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>8</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. house wife

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) Webster Co Mo.

FATHER 13. NAME G. W. Lee

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

MOTHER 15. MAIDEN NAME Elizabeth Sherell

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

17. INFORMANT None Swearingin  
 (ADDRESS) Sumner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell Cem DATE Oct 12 1937

19. UNDERTAKER C. B. Linkingbeard  
 (ADDRESS) Ava Mo

20. FILED Nov 9 1937 J. D. Ail Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1936, to 10-9 1937

I last saw her alive on 10-9 1937. Death is said to have occurred on the date stated above, at 4 a. m.

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

myocardial Failure

Date of onset

Other contributory causes of importance:

hypertension

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) Dr. M. C. Gentry, M. D.

(Address) Ava Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

