

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 316 File No. 2813
 Township Springfield Primary Registration District No. 2081 Registered No. 80
 City Springfield (No. Mo) Springfield Baptist Hospital (Hospital) (Ward)

2. FULL NAME

Maurice Randall Phillips 413
 (a) Residence, No. Battlefield 100 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 22 1 6

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

FATHER 13. NAME Wm. Phillip

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo.

MOTHER 15. MAIDEN NAME Addie Alder

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

17. INFORMANT (ADDRESS) Dr. Wm. Phillip Battlefield Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Phillips DATE Jan. 28, 1938

19. UNDERTAKER (ADDRESS) Springfield Mo.

20. FILED Jan 27, 1938 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1938

22. I HEREBY CERTIFY That I attended deceased from

ended Jan 27, 1938 to Jan 27, 1938
 I last saw him alive on Jan 27, 1938 Death is said to have occurred on the date stated above, at 5:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Comminuted Fracture left side head from automobile accident
 Other contributory causes of importance: 21011
automobile accident
malnutrition
frangibility
 Date of onset

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 23, 1938

Where did injury occur on highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway 123

Manner of injury fracture of left side of head

Nature of injury fracture of head

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

If so, specify. (Signed) J. P. Ferguson M. D.

(Address) Springfield 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH