

DEC 19 1938

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

40008
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township _____ Primary Registration District No. 668 3039 Registered No. 314
 (c) City Sedalia (d) Street No. Bothwell Hospital _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ORLENA ALLIS PHILLIPS
 (a) Residence, No. 1405 East 4 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>I see Abner Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28, 1863</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>0</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as 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) <u>Polk County Missouri</u>		
FATHER	13. NAME <u>Charlie Ray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kenn. 1</u>	
MOTHER	15. MAIDEN NAME <u>Mandy Chesser</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn. 1</u>	
17. INFORMANT (ADDRESS) <u>I see Abner Phillips Sedalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Drum ridge Mo. DATE 11-4-1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>McLaughlin Bros Sedalia Mo</u>		
20. FILED <u>11-4-1938</u> <u>Jesse Strata</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 3 1938

22. I HEREBY CERTIFY That I attended deceased from June 1938 to Nov 3 1938
 I last saw him alive on Nov 2 1938 Death is said to have occurred on the date stated above, at 5:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Bones probably metastatic from thyroid
 Date of onset Jan 1935

Other contributory causes of importance: 52

Name of operation none Date of _____
 What test confirmed diagnosis: X Ray 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? no
 If so, specify _____
 (Signed) A. L. Walter _____, M. D.
 (Address) Sedalia Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MOHE-12-38 I X14028

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12/7/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert H. Reed

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed *Robert H. Reed*

Licensed Embalmer No. *3745*

P. O. Address *Sedalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.