

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.

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

Do not use this space.

REC'D FEB 11 1939

3138

67

1. PLACE OF DEATH

County Mississippi Registration District No. 5766  
 Township Waverly Primary Registration District No. 5762  
 City Charleston (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME KATTIE PHILLIPS

(a) Residence, No. Mississippi, Co. St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 15 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1856

7. AGE YEARS 82 MONTHS 7 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keeping house  
 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) Jan 25, 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Essie Brown (ADDRESS) 600 E. Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Jan Feb. 1, 1939

19. UNDERTAKER Travis N. Shelby (ADDRESS) East Boone Mo

20. FILED Feb 1st 1939 Registrar 745

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 27, 1939, to Jan 31, 1939  
 I last saw h. ER alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 10A. a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage DK1

Other contributory causes of importance: Senility

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Cl. Sympt 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. Chas Rowling, M. D.  
 (Address) Charleston, Mo

