3/22-39 7:30 P.M.

REC'D APR 7 1939

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

Do not use this space. 10734

Registered No. 32

1. PLACE OF DEATH

(a) County Franklin, 2 Registration District No. 297

(b) Township 1 Primary Registration District No. 3016

(c) City Washington, Mo. (d) Street No. 323 Stafford St. 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 28 yrs. ✓ mos. ✓ ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Pierce Franklin Phillips

(a) Residence, No. 323 Stafford St., Washington, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1885

7. AGE: Years 53 | Months 11 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer.

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) Franklin County, Mo.

FATHER

13. NAME Wesley Phillips, O

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Mo. O

MOTHER

15. MAIDEN NAME ~~Cynthia~~ Virginia Ann Campbell O

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Mo.

17. INFORMANT (ADDRESS) Mrs. Pierce Phillips, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Mar 25, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Otto & Co. Washington, Mo.

20. FILED Mar. 23, 1939 H. A. May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to Sept. 22, 1938

I last saw h. 1m alive on Sept. 22, 1938. Death is said to have occurred on the date stated above, at 7:30 P. M.

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

	Date of onset
Pulmonary Tuberculosis, Chronic	5-11-37

Other contributory causes of importance: None

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? 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) [signature], M. D.

(Address) Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

1 X14028

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, ...

....., or by .....,

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

Signed.....

Licensed Embalmer No. 2464

P. O. Address Washington Ind

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.