REC'D MAY 18 1939

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

Do not use this space.

File No. 15778

Registered No.

1. PLACE OF DEATH

County: Pettis — Registration District No.: 670

Township: Bowling Green — Primary Registration District No.: 5893

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: 412 William Howard Phillips

(a) Residence, No.: Route 1, Beaman, St., ... 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs. Dorsey Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 20, 1891

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	1	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): April 15, 1939

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beaman, Missouri — 0, 1

FATHER

13. NAME: John Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky — 0

MOTHER

15. MAIDEN NAME: Evelyn Beaman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beaman, Missouri

17. INFORMANT (ADDRESS): Mrs. Dorsey Phillips, Route 1, Beaman, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Olive Branch DATE: 4/18/39, 19..

19. UNDERTAKER (ADDRESS): Duane Ewing, Sedalia, Mo.

20. FILED May 5, 1939 Flossie Ferguson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P. m.

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

	Date of onset
Struck by Lightning	
Other contributory causes of importance:	

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: Stroke lightning

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. E. Smithee, M. D.

(Address) Sedalia 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.

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

Mr. Phillips

Bowling Green Township

DEC 1 1944

RECEIVED
District Health Officer No. 8.
District File Number 578/39
Date Filed