

330 JUN 24 1939

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

19918
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Scotland Registration District No. 810
 (b) Township Miller Primary Registration District No. 6062
 (c) City _____ (d) Street No. _____ Registered No. 25
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 4/2
 2. PRINT FULL NAME William Marion Phillips
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Callie Phillips
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer
 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) Schuyler Co mo
 FATHER 13. NAME Wm Phillips
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Adeline Warner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Mrs. Callie Phillips
Memphis Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE Mar 7 1939
 19. FUNERAL DIRECTOR (ADDRESS) Lloyd Moore
Downing Mo.
 20. FILED 5-18-1939 E. E. Parrish
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 5 1939 to April 6 1939
 I last saw him alive on April 5 1939. Death is said to have occurred on the date stated above, at 10:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
 Other contributory causes of importance:
Influenza
Stroke a few days before death
 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) E. E. Symmond, M.D.
725 (Address) Memphis, 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 10

District File Number 10-39-995

Date Filed 6-9-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)