

REC'D SEP 6 1939

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

29212
Do not use this space.

1. PLACE OF DEATH

(a) County CRUNDY Registration District No. 328
(b) Township 1 Primary Registration District No. 3017 Registered No. _____
(c) City TRENTON (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 7 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

412 Lester Eugene Phillips
(a) Residence, No. 920 MacArthur St. (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 single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31, 1930

7. AGE YEARS 8 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year) May 2 - 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

13. NAME Willard Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Grace Barkley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County, Missouri

17. INFORMANT (ADDRESS) Grace Barkley Phillips Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 5-4-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oliver Frederickson Trenton, Mo.

20. FILED 5-4-39 Trenton, Mo. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939 to May 2, 1939
I last saw h. alive on May 2, 1939 Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Crushing injury to abdomen Paul Pelois
crossing street, automobile ran over him
Date of onset May 2, 1939

Other contributory causes of importance: 210 ft

Name of operation 0 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 2, 1939
Where did injury occur? Trenton Mo - Main St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public place

Manner of injury Automobile ran over him
Nature of injury Crushing injury to abdomen

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. A. Duffey, M. D.

(Address) Trenton Mo.

RECEIVED

District Health Officer No. 11

District File Number

Date Filed

939-1095
AUG 20 1939

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,

Raymond A. Davis

or by

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

Signed

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Trenton, 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.