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.

REC'D SEP 12 1939

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

29604
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston Registration District No. 508
(b) Township Primary Registration District No. 3026 Registered No. 99
(c) City Chillicothe (d) Street No. 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 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Phillips
(a) Residence, No. 105 Orchard 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-7-1939
7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ...hrs. or ....min. Still Born

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.
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) Chillicothe Mo

FATHER
13. NAME Herbert Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Ct Mo

MOTHER
15. MAIDEN NAME Mary Bell Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Ct Mo

17. INFORMANT (ADDRESS) Herbert Phillips Chillicothe Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wallace Cem. DATE 8-8 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. A. Memershagen Chillicothe Mo
20. FILED 8-8 1939 H. McGrave M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7- 1939
22. I HEREBY CERTIFY, That I attended deceased from 8-7- 1939 to 8-7- 1939
I last saw him alive on Still Born 19 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:
Still Born
Date of onset
Other contributory causes of importance: Breach Presentation
Name of operation Physical 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? 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) Reuben Barney M. D.
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 939-1146
Date Filed SEP 8 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, ...

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.