

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 29

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1. PLACE OF DEATH

County Barry
 Township Levings
 City Levings (No.)

Registration District No. 973
 Primary Registration District No. 57048

File No.
 Registered No.
 St. Ward)

2. FULL NAME Anna Jane Phillips

(a) Residence. No. St. Ward.
 (Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of John W Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2- 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Butler Co Penn
 (STATE OR COUNTRY)

10. NAME OF FATHER St. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Patterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn
 (STATE OR COUNTRY)

14. INFORMANT Samie S. Rahser
 (Address) Richard mo

15. FILED 7/18 1929 F. W. Hairon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 3, 1929 that I last saw her alive on Jan 5, 1929, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Broncho-pneumonia
2. Yellowing Influenza

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH, no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. S. Cowan, M. D.

, 19 (Address) Curora, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Curora Mo. 1/9 1929

20. UNDERTAKER ADDRESS

King Wood Co Curora, 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Barry Registration District No. 29 File No. _____
 Township Jenkins Primary Registration District No. 5048 Registered No. 25
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Anna Jane (Phillips)
 (a) Residence. No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Phillips

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18-1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>2</u>	<u>27</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Butler
 (STATE OR COUNTRY) Penn.

10. NAME OF FATHER J. H. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Patterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 5 1929

17. I HEREBY CERTIFY that I attended deceased from Jun 2 1929 to Jun 3 1929 that I last saw her alive on Jun 3 1929 and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary pneumonia following influenza
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) R. D. Cowan, M. D.
 , 19 _____ (Address) Aurora Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jenkins Mo DATE OF BURIAL 1/9 1929

20. UNDERTAKER King and Co. ADDRESS Aurora Mo

14. INFORMANT Nannie K. Rohrer
 (Address) Richard Mo

15. FILED July 29 1929 Mrs. H. R. Williams
Ppt. REGISTRAR

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

