

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

Do not use this space.

13781-a

1. PLACE OF DEATH

County Wagon
Township Wheaton
City Wheaton

Registration District No. 1167
Primary Registration District No. 3042

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Frank Leslie Philips

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mable Philips</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>sep 6 1869</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>7</u>	DAYS <u>19</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Ill

PARENTS	10. NAME OF FATHER <u>Titus Philips</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagon</u>
	12. MAIDEN NAME OF MOTHER <u>Not Known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>K. Y.</u>

14. INFORMANT Mable Philips
(Address) Wheaton Mo.

15. July 2 1929 E. Edmondson
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1929

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1929, to April 25, 1929, that I last saw live alive on April 24, 1929, and that death occurred, on the date stated above, at _____ A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arterio-sclerosis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) sclerosis of the liver
(duration) 2 yrs. _____ mos. _____ ds.

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?
(Signed) J. K. Holmes, M. D.
, 19 (Address) Wheaton, 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 Muncy Conn. DATE OF BURIAL Apr. 26 1929

20. UNDERTAKER Tomie's 2nd Co ADDRESS Wheaton

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.

WHILE COMPLETE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1
2
2
2

JUL 23 1929 13781-a

George Washington

1790