

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

Do not use this space.

25782

**1. PLACE OF DEATH**

County Madison  
Township Madison  
City Manville Mo (No. ....)

Registration District No. 625  
Primary Registration District No. 3031

File No. ....  
Registered No. 74  
St. .... Ward)

**2. FULL NAME**

Mrs. Elizabeth Phillips

(a) Residence No. 277 S. Main St. 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 Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. T. Phillips

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 8 21

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) .....

9. BIRTHPLACE (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Robertson  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
12. MAIDEN NAME OF MOTHER Smith  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Edward Phillips  
(Address) Burlington, Mo.

15. FILED 7-9 1931 Mamie E. Clardy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1931

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to July 9, 1931, that I last saw her alive on July 9, 1931, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fracture of neck of right femur.  
(duration) 1355 yrs. 34 mos. 34 ds.

CONTRIBUTORY (SECONDARY) Right pelvic abscess  
(duration) yrs. 1 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? Clinical  
(Signed) W. M. Hindman, M. D.

7-9 1931 (Address) Burlington, 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 Possumwalk DATE OF BURIAL 7-10 1931

20. UNDERTAKER W. R. Horn ADDRESS Burlington, Mo.

1931-7-39

8-21

1931-8-18

1931-7-39

**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 Nodaway

Registration District No. 625

Township

Primary Registration District No. 3031

City Marionville (No. ....)

File No. ....

Registered No. 71

St. .... Ward

**2. FULL NAME**

(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 M (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 7-9 1931 Marie E. Clardy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on ..... 19..... Death is said

to have occurred on the day stated above, at.....m.

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

Fracture of neck of Date of onset

right femur

slipped & fell on floor

at tub room at night

Residence - 1 mile south of Marion, Mo.

Other contributory causes of importance:

Right pelvic abscess

Name of operation 1860 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) W. M. Hindman, M. D.

(Address) Bushington Oct Mo

SUPPLEMENTARY

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

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