

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

Do not use this space.

REC'D OCT 10 1939

32101

**1. PLACE OF DEATH**

County Madison Registration District No. 137  
 Township State Primary Registration District No. 4077  
 City State (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Leroy Cecil Phims  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Esther Alice Phims</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 6 - 1860</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>11</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1939 to Sept 9, 1939  
 I last saw him alive on Sept 9, 1939. Death is said to have occurred on the date stated above, at 9:45 pm.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis  
 Date of onset \_\_\_\_\_

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	13. NAME <u>James S Phims</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	15. MAIDEN NAME <u>Sarah Stoner</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	17. INFORMANT (ADDRESS) <u>Mr. Bruce Futz</u>
	18. BURIAL, CREMATION OR REMOVAL PLACE <u>Trueman</u> DATE <u>Sept 11, 1939</u>
	19. UNDERTAKER (ADDRESS) <u>Frank E. Slater</u> <u>State Mo.</u>
	20. FILED <u>8-10</u> 19 <u>39</u> <u>W. P. Kern</u> Registrar

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Blumen 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) W. P. Kern M. D.  
 (Address) Trueman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 Every item of information should be carefully supplied. A fee shall be stated where appropriate.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10/3/39