

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville

Registration District No. 218
Primary Registration District No. 3015-1

File No. 37494
Registered No. 93

2. FULL NAME

(a) Residence, No. Sarah Jewette Phillips St. Ward.

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 6 6

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

13. NAME Charles Bartlett

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

15. MAIDEN NAME Sarah Wilkey

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

17. INFORMANT Bess Phillip (ADDRESS) Boonville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodman Cem near High Point Mo DATE 10/19/37

19. UNDERTAKER Willie & Fred Meyer (ADDRESS) California, Mo

20. FILED Oct 18 1937 Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1937, to Oct 17, 1937

I last saw him alive on Oct 16, 1937. Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Chronic myocarditis Date of onset about 1936

Other contributory causes of importance: Arteriosclerosis about 1936

Name of operation Date of

What test confirmed diagnosis? Clinical 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) J. C. Fincher, M. D.
(Address) Boonville, 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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