

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.

APR 24 1931

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

Do not use this space.

10817

1. PLACE OF DEATH

County Monteau  
Township Harrison  
City High Point Mo

Registration District No. 576  
Primary Registration District No. 5773

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1 - 1857</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>10</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

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1931

22. HEREBY CERTIFY, That I attended deceased from February 1st 1931, to March 10th 1931. I last saw him alive on March 10 1931. Death is said to have occurred on the date stated above, at 3 p.m. The principal cause of death and related causes of importance were as follows:  
Stroke of Paralysis march 1st complicated with influenza which was fatal  
Date of onset \_\_\_\_\_

825  
113

Other contributory causes of importance \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteau Co, Mo</u>
13. NAME <u>Thos J Phillips</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
15. MAIDEN NAME <u>Diddemua A Holt</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
17. INFORMANT (ADDRESS) <u>Mrs Phillips</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highpoint Mo</u> DATE <u>3/13</u> 19 <u>31</u>
19. UNDERTAKER (ADDRESS) <u>Ma. Yovus</u>
20. FILED <u>Apr 10</u> 19 <u>31</u> <u>St. H. Emke</u> Registrar.

9

Name of operation \_\_\_\_\_ 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) H E Blacksteers M. D.  
(Address) Warrensburg Mo

(R)

