

D. Smith

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

Do not use this space.

1. PLACE OF DEATH

94 County *St. Francois*
Township *Boone*
City *Boone Terre Mo.*

Registration District No. *775*
Primary Registration District No. *6.020-A*
No. *Boone Terre Hospital*

File No. *3977*
Registered No. *9*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Winifred Lee Phillipps *412*
Boone Terre Mo. Ward _____

(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 29, 1916*

7. AGE YEARS *21* MONTHS *5* DAYS *29* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
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) *Boone Terre Missouri*

13. NAME *W. C. Phillipps*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Terre Missouri*

15. MAIDEN NAME *Jessie Kirkpatrick*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Terre Missouri*

17. INFORMANT (ADDRESS) *W. C. Phillipps Boone Terre Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Clements* DATE *Jan. 30, 1938*

19. UNDERTAKER (ADDRESS) *Gen. Rem. Bur. Co. Boone Terre Mo*

20. FILED *Jan. 30, 1938* *N. W. Hawkins, M. A. Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 28, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 19*, 1938, to *1/28*, 1938.

I last saw him alive on *1/28*, 1938. Death is said to have occurred on the date stated above, at *11:30 a. m.*

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

Multiple abscesses of liver Date of onset *Nov 1937*

125 lbs

Other contributory causes of importance: *Acute catarrhal jaundice* *Nov. 1937*

Name of operation *None* Date of _____

What test confirmed diagnosis? *Findings at autopsy* Was there an autopsy? *Yes*

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) *David Smith*, M. D.

(Address) *Boone Terre, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH