

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.

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 420 File No. 34549
Township Wabata Primary Registration District No. 3022 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Henry Eugene Phillips
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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>Bessie Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11 1882</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>3</u>
		DAYS <u>4</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 Engineer</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonne Gene Missouri</u>		
FATHER	13. NAME <u>William N. Phillips</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Casswell England</u>	
	15. MAIDEN NAME <u>Lucy O. Belnap</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grandville Miss</u>	
	17. INFORMANT (ADDRESS) <u>My Bessie Phillips Wabata Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Sept 17 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Samuel B. Dietrich Wabata Mo</u>		
20. FILED <u>10-9</u> 1937 <u>Jessie Somell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1937

22. I HEREBY CERTIFY, That attended deceased from June, 1936 to Sept 15, 1937
last saw h. alive on Sept 15, 1937. Death is said to have occurred on the date stated above, at 5:25 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Hypertrophy of A. ventricle.
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Other contributory causes of importance:
Aortic Sclerosis
Hypertension

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? _____
If so, specify _____
(Signed) R. E. Gierman
(Address) Wabata Mo.

MAY 5 1949