

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 25 1936

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

Do not use this space.

13753

1. PLACE OF DEATH
County Sullivan Registration District No. 851
Township Bourman Primary Registration District No. 6117A
City Osage (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Fannie F Phipps
(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>93</u>	<u>4</u>	<u>11</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired housewife

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) Va.

FATHER

13. NAME Mills

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Ollie Johnson (ADDRESS) Osage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage Cemetery DATE Mar 9 1936

19. UNDERTAKER W. B. Taylor & Son (ADDRESS) Galt Mo

20. FILED March 10 1936 Cordelia Shore Registrar..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1936, to 3-7, 1936
I last saw her alive on 3-6, 1936. Death is said to have occurred on the date stated above, at 11:10 A. m.
The principal cause of death and related causes of importance were as follows:
Influenza
93
Other contributory causes of importance: Myocarditis Chronic ?
Name of operation none 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) E. C. Weston, M. D.
(Address) Galt, Mo.

