

1 Place of Death

## BUREAU OF VITAL STATISTICS

1921

12

County of FranklinMunicipal District of Middleton Registration District No.

Registered No.

City of Raytown Mo (No. 81)2 FULL NAME Dee Phillips

Residence, No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL PARTICULARS

1 SEX Male 2 COLOR OR RACE White 3 Single, Married, Widowed, or Divorced (write the word) m4a If married, widowed, or divorced  
BURIAL of (last NAME of Anna Parrault)4 DATE OF BIRTH, (Mo. ds. yrs.) Jan 26-18757 AGE  
If less than 2 years state (yr. mos. ds.) 21 yrs. 2 mos. 20 ds.  
If less than 1 day9 OCCUPATION  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business or establishment in which employed (for employer)Farmer8 BIRTHPLACE (State or country) Franklin Co Mo10 NAME OF FATHER Wm. Phillips11 BIRTHPLACE OF FATHER (State or country) Franklin Co Mo12 MAIDEN NAME OF MOTHER Sarah S. Garner13 BIRTHPLACE OF MOTHER (State or country) Columbia Sc

14 THE ABOVE IS TRUE

(Informant) J. C. Roach(Address) Raytown MoDate 8/21 1922 Wm Phillips

Signature

14 DATE OF DEATH 8-21 192615 I HEREBY CERTIFY, That I attended deceased from 2 months tothat I last saw him alive on 8-12 1926and that death occurred on the date stated above, at  
THE CAUSE OF DEATH was as follows:Common of Mouth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

16 Where was disease contracted?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) J. M. Thomas M. D.(Address) 8/13 1926 Pasadena

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

First Church - 8/22 1926

20 UNDERTAKEN ADDRESS

W. C. Phillips & Son, Raytown Mo

Signature