

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

Do not use this space.
37916

1. PLACE OF DEATH

County Roy
 Township Knobville
 City Knobville (No.) St. Ward)

Registration District No. 915
 Primary Registration District No. 6.2316

File No.
 Registered No. 19 ten

2. FULL NAME

Elben Louise Phales

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) Aug 16 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Royville Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Clark Hamer Phales

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Decatur Co. Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eva Jane Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Roy Co. Mo.
 (STATE OR COUNTRY)

14. INFORMANT Clark Phales
 (Address) Richmond, Mo.

15. FILED Dec 23 1927 Mrs. G.W. Gaines
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1927, to Dec 23, 1927, (that I last saw her alive on Dec 23, 1927, and that death occurred, on the date stated above, at 130 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Branch Pneumonia
no medical attention
107A
 (duration) 100 yrs. 7 mos. 7 da.

CONTRIBUTORY (SECONDARY) 100
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) G.W. Gaines Deputy Coroner M.D.

Dec. 23, 1927 (Address) Royville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Crowley Cem DATE OF BURIAL Dec 23 1927

20. UNDERTAKER None ADDRESS ✓

K. 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.

NON-PAYING INK—THIS IS A PERMANENT RECORD

