

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.

SEP 24 1937

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

Smith
Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richwood
City Premont T. P. (No. 1)

Registration District No. 7445976
Primary Registration District No. 3035

File No. 31587
Registered No. 71
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1 Wm George Phenus St. Mo. Ward _____
(Usual place of abode) Ray County

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Phenus

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 4, 1869

8. AGE YEARS 64 MONTHS 7 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Emporia Kansas

13. NAME Newton Phenus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Wm George Phenus

18. BURIAL, CREMATION, OR REMOVAL PLACE Graven County Mo. DATE July 20, 1937

19. UNDERTAKER (ADDRESS) Wm. Mansuet

20. FILED 9/10 1937 Wm. Mansuet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1937

22. I HEREBY CERTIFY That I attended deceased from July 13, 1937 to July 19, 1937

I last saw him alive on July 19, 1937. Death is said to have occurred on the date stated above, at 1:20 p. m.

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

Double Lobar Pneumonia

Other contributory causes of importance:

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) Wm. Mansuet, M. D.

(Address) Ray County Mo

1870

1871

1872

1873

1874

1875