JUL 25 1927

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

Do not use this space.

17572

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 608
City St. Joseph, Missouri. (No. Burlington Tracks St. Ward)

2. FULL NAME Phillip Byron Stegall
(a) Residence. No. 927 /West Hyde Park St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 16, 1894
7. AGE: Years 32, Months 8, Days 22 — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): Armours
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Cainsville. (STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Frank Stegall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Galesburg. (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Ida Collins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mercer County (STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs. Ida Stegall. (Address) 927 West Hyde Park

15. FILED JUN 10 1927 John G. Wtz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8, 1927
17. I HEREBY CERTIFY, That I ~~attended~~ been deceased ~~from~~ on June 8, 1927, to ....., 19.... that I last saw h.... alive on ....., 19...., and that death occurred, on the date stated above, at 5:45 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Trauma Ran over by a Burlington train (accidentally) Man was walking (In City)
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) 1880
(duration) ....yrs. ....mos. ....ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Cost findings
(Signed) J. W. Ways Coroner, M. D.
6/10, 1927 (Address) St Joseph 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: King Hill Cemetery — DATE OF BURIAL: June 10 1927
20. UNDERTAKER: Fleeman-Faris — ADDRESS: 1208 Francis

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.