

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

Do not use this space.

1022

1. PLACE OF DEATH

County Jackson
Towship Raw
City K.C. Mo. (No. 2312 E-30th)

Registration District No. 399
Primary Registration District No. 1007

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

George W. Phares
(a) Residence No. 2312-E-30th St. Ward _____
(Usual place of abode)

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

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

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

Nov-14-1861

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>1</u>	<u>19</u>	

8. OCCUPATION OF DECEASED.

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

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

Ohio

10. NAME OF FATHER

Wm Phares

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

Kentucky

12. MAIDEN NAME OF MOTHER

Eliz. Watson

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

Mass.

14. INFORMANT

Mrs. Ida St. Orr
(Address) 3625 Campbell St

15. FILED

Jan-28 1928 M.M. Brown REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

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

Jan-3-1928

17. I HEREBY CERTIFY, that I attended deceased from Nov. 16, 1927 to Dec. 14, 1927, that I last saw him alive on Dec. 14, 1927, and that death occurred, on the date stated above, at 5:45 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Periculous Aneurism 711
580
CONTRIBUTORY Pyorrhea alveolaris & Septic gran- ulomata of teeth (duration) yrs. 2 mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED

at home

IF NOT AT PLACE OF DEATH:

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 5, 1927

WAS THERE AN AUTOPSY? No (Teeth extraction)

WHAT TEST CONFIRMED DIAGNOSIS

Chemical Laboratory
(Signed) Darwin DeJap M. D.

Jan. 5, 1928 (Address) 509A - Withman Bldg.

*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

Memorial Park DATE OF BURIAL Jan 5-1928

20. UNDERTAKER

Mrs. C. L. Forster ADDRESS K.C. Mo.

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

~~Dr. B. ...~~
~~... Pldy~~

Lin 0343

D. D. ...

H. H. 8013.

Lin 1600

W. H. ...
930