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

Do not use this space.

File No. 29207

Registered No. 8722

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. .....

City St. Louis (No. 4169 Lafayette St. ..... Ward)

2. FULL NAME John G. Phirman

(a) Residence. No. 4169 Lafayette St., 17 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	#	#	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Saleman

(b) General nature of industry, business, or establishment in which employed (or employer) Commission

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown Phirman

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

12. MAIDEN NAME OF MOTHER Unknown Grigsby

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

14. INFORMANT Dr. Funkhouser
(Address) Laclede Bldg St Louis

15. FILED Aug 28 1928 Max C. Starkloff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1928 to Aug 26 1928 that I last saw him alive on Aug 26 1928, and that death occurred, on the date stated above, at 10:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of bladder
51B
49
..... (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 5, 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Joss Mayes, M. D

Aug 28 1928 (Address) 1801 Olive

*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	DATE OF BURIAL
Albion Illinois	Aug 28 1928
28. UNDERTAKER C R Lupton	ADDRESS 4449 Olive

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.