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

Do not use this space.

39169

1. PLACE OF DEATH
County Sullivan — Registration District No. 848 — File No. 7
Township Penn — Primary Registration District No. 4514 — Registered No. 7
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Frankie James Pherigo
(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. ..... 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): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct - 31 - 1928

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

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) ..... (STATE OR COUNTRY) Green Castle Mo

PARENTS
10. NAME OF FATHER: Chas Pherigo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: Gladys Barkley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

14. INFORMANT: James Barkley (Address)

15. FILED 11/5, 1928 W Parsons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct - 31 - 1928, to Nov 4, 1928 that I last saw him alive on Nov - 4 - 1928, and that death occurred, on the date stated above, at 8 - P - m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mal nutrition
Congenital weakness
158
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): 160
(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? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) W Parsons, M. D
11/4, 1928 (Address) Green Castle 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: Greencastle Cem — DATE OF BURIAL: 11-4-1928

20. UNDERTAKER: Isaac Reigler — ADDRESS: Greencastle Mo

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.