JAN 28 1929

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

Do not use this space.

42046

File No. 19

Registered No. 30

1. PLACE OF DEATH

County: Pike

Township: Calumet

City: Clarksville (No. ..... St. ..... Ward)

Registration District No. 685

Primary Registration District No. 4409

2. FULL NAME: Marcus H. Pharr.

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 19 - 1853

7. AGE: Years 75 | Months 3 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Louisville
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: C. W. Pharr

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bowling Green
(STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Ellen M. Pharr

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

14. INFORMANT: Hans Carson
(Address): Clarksville Mo

15. FILED Jan 30, 1929 H H Kraabway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12 - 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 12 - 10, 1928, to 12 - 19, 1928, that I last saw alive on Dec 19, 1928, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY): None

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. Y. Barnes M.D., M. D

Dec 20, 1928 (Address) Clarksville 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: Clarksville Cemetery

DATE OF BURIAL: Dec 21 1928

20. UNDERTAKER: Harry Carroll

ADDRESS: Clarksville 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.

WHITE PAPER, WITH GRADING INDICATES IS A PERMANENT RECORD