

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

Do not use this space.

18955

1. PLACE OF DEATH  
 County Rock Registration District No. 704  
 Township West Young Primary Registration District No. 5-9-33  
 City Marionville (No.     ) St.      Ward     

2. FULL NAME Jannah M. Phyness  
 (a) Residence, No.      St.      Ward       
 (Usual place of abode)  
 Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1844-10-18

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>7</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 286

10. Date deceased last worked at this occupation (month and year)      11. Total time (years) spent in this occupation     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe, Ohio

FATHER  
 13. NAME Henry McJfresh  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER  
 15. MAIDEN NAME Mary McJfresh  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe, Ohio

17. INFORMANT Mrs. Will K. Lee  
 (ADDRESS) Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE 5-26-31

19. UNDERTAKER Joseph White & Son  
 (ADDRESS) Marionville

20. FILED May 26, 1931 Grace Miller, Dan  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1931, to May 24, 1931.  
 last seen      alive on May 24, 1931. Death is said to have occurred on the date stated above, at 3:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

<u>1. Broncho pneumonia</u>	Date of onset <u>May 17</u>
<u>2. right and left</u>	
<u>3. Influenza</u>	<u>May 12</u>

Other contributory causes of importance:     

Name of operation      Date of       
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?      Date of injury     , 19      
 Where did injury occur?       
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.     

Manner of injury       
 Nature of injury     

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify       
 (Signed) J. G. Larnell, M. D.  
 (Address) Marionville Mo

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

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.

JUN 29 1931

MAILED - RESERVED FOR BUREAU

V.S. NO. 2

Nov 10 - 1844