MARGIN RESERVED FOR BINDING

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.

MAY 24 1933

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

Do not use this space.

14449

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No.
City Clayton (No. ~~Florrisant~~ Co. Hospital St. Ward)

2. FULL NAME PHEONIX, McKINLEY
(a) Residence, No. Florrisant Mo 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1898

7. AGE: YEARS 34 — MONTHS 6 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Missouri

FATHER
13. NAME Wallace Phoenix
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Leteshia Pope
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Leteshia Phoenix Florrisant Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Black Jack, Mo DATE May 2 1933

19. UNDERTAKER (ADDRESS) A. Russell Wind Co 2732 Pine St

20. FILED 5-2 1933 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1933, to 4-28, 1933
I last saw him alive on 4-28, 1933. Death is said to have occurred on the date stated above, at 11:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	4-24-33
PEAR	

Other contributory causes of importance:

Name of operation Iliostomy Date of 4-28-33
What test confirmed diagnosis? 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) John A. Rogers, M. D.
(Address) St Louis County Hosp Clayton, Mo

W. S. No. 2.