

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.

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

Do not use this space.

1. PLACE OF DEATH

County Macon  
Township Macon  
City Macon

NOV 20 1934

Registration District No. 533  
Primary Registration District No. 3027

File No. 33370  
Registered No. 102  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Amie Pharris

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>J. L. Pharris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 28 - 1865</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>8</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House wife</u>	
	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) Phelps Co. Mo.

13. NAME Wiley Rutledge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Martha Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT J. L. Pharris  
(ADDRESS) Phelps Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Phelps Co. Mo. DATE 9 - 7 - 1934

19. UNDERTAKER Stephens & Gooding  
(ADDRESS) Phelps Co. Mo.

20. FILED Oct 10, 1934  
F. K. Cross  
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-4 1934, to 9-6 1934  
I last saw her alive on 9-6 1934 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Enteritis

Other contributory causes of importance:  
Myocarditis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis: Clutch 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) Lawrence Miller, M. D.  
(Address) Macon Mo.

