

NOV 15 1934

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

Do not use this space.

33907

1. PLACE OF DEATH

93 County St. Clair Registration District No. 1005
Township E. Dayton Primary Registration District No. 6009
City (No. St. Ward)

2. FULL NAME

Ralph D. Phinney
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Missouri13. NAME Thomas Phinney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts15. MAIDEN NAME Ethelka Payton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Thomas Phinney
(ADDRESS) W. Va. Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Robertson Cem DATE 10/26 193419. UNDERTAKER Ed Hall
(ADDRESS) Osceola Mo.20. FILED Oct 16 1934 J. T. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 193422. I HEREBY CERTIFY, That I attended deceased from Sept 22 1934, to Oct 25 1934I last saw him alive on Oct 25 1934 Death is said to have occurred on the date stated above, at 1:30 AM

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

Cholera Infantum119A119A

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where 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?

If so, specify

(Signed) H. J. ... M. D.
(Address) Osceola 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.

