

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

Do not use this space.

37181

DEC 20 1935

**1. PLACE OF DEATH**

County St. Gen  
 Township St. Genevieve  
 City St. Genevieve (No. \_\_\_\_\_) Ward \_\_\_\_\_

Registration District No. 780  
 Primary Registration District No. 6025

File No. \_\_\_\_\_  
 Registered No. 60 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Russel Ray Phalman

(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 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) Oct 2 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

0 1 16

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. \_\_\_\_\_

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

12. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Missouri

13. NAME Aloysius Phalman

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Edna Loida

16. BIRTHPLACE (CITY OR TOWN) Camersonton (STATE OR COUNTRY) Missouri

17. INFORMANT Aloysius Phalman (ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve DATE Nov 19 35

19. UNDERTAKER Dr. G. Roster (ADDRESS) St. Genevieve Mo

20. FILED Nov. 19 1935 T. W. Douglas Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1935 to Nov 18 1935

I last saw him alive on 11-18-1935 Death is said to have occurred on the date stated above, at 11:30 P. M.

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

Lobar Pneumonia

108

Other contributory causes of importance: \_\_\_\_\_

Date of onset 11/14/35

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) R. C. Lanning, M. D.

(Address) St. Genevieve, 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.

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

