APR 17 1936

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

Do not use this space.

9262

1. PLACE OF DEATH

County Boone — Registration District No. 73 — File No.

Township — Primary Registration District No. 3006 — Registered No. 95

City Columbia (No. Boone County Hospital St. Ward)

2. FULL NAME Mrs Irene F Phister

(a) Residence, No. ~~Boone Co. Hospital~~ Ward. (If nonresident, give city or town and State)
(Usual place of abode) Long.

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 F.

4. COLOR OR RACE W.

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) About 1908

7. AGE YEARS About 28 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Not Known

FATHER

13. NAME " Not Known

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

MOTHER

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Records at Hospital

18. ~~BURIAL, CREMATION~~, OR REMOVAL

PLACE Kansas City DATE 3-20- 1936

19. UNDERTAKER (ADDRESS) Parker Furniture Co Columbia, Mo.

20. FILED 3/20/ 1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1936, to 3-20, 1936

I last saw her alive on 3-19, 1936 Death is said to have occurred on the date stated above, at 2:30 A.m.

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

	Date of onset
Gunshot wound left chest	2-14-36
Other contributory causes of importance: Streptococcic infection of hemathorax (left)	2-14-36

167

Name of operation Thoracentesis Date of 3-5-36

What test confirmed diagnosis? Clin & Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? I do not know Date of injury 2-14, 1936

Where did injury occur? Columbia Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Hotel

Manner of injury Gun shot

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dudley A. Roberts, M. D.

(Address) Columbia, 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.

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

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1. PLACE OF DEATH

County Boone — Registration District No. 73 — File No.

Township — Primary Registration District No. 3006 — Registered No. 95

City Columbia (No. Boone County Hospital St. Ward)

2. FULL NAME Irene Freeman Phister

(a) Residence, No. Kansas City Mo. St., Ward. Kansas City Mo.
(Usual place of abode) 215 W 53 Terrace (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1/2 mo. ds. How long in U. S., if of foreign birth? 4 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 Warren Thornton Phister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1907 ~~About 1908~~

7. AGE: About 28 YEARS — MONTHS: 8 — DAYS — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Housework
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) Not Known London England

FATHER
13. NAME " "
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Mrs L. H. Phister 215 W. 53 Terrace - K.C. Mo.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
PLACE Kansas City, Mo. DATE Mar. 20 1936

19. UNDERTAKER (ADDRESS) Sims & McClure - K.C. Mo. Parker Furniture Co. Columbia, Mo.

20. FILED 3/20/ 1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:30 a.m.

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

	Date of onset
Gunshot wound left chest	2/14/36
167	
Other contributory causes of importance: Streptococcic Infection of hemothorax (left)	2/14/36

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? ~~Not Known~~ Date of injury 2/14/ 1936
Where did injury occur? Suicide (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Columbia Hotel
Manner of injury Self inflicted gun shot wound
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Nudley A Robinson M.D.
(Address) Columbia 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.

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