

REC'D JUN 21 1939

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

Do not use this space.

18738

1. PLACE OF DEATH

County *Hennepin*  
Township  
City *Clinton* (No. *629*)

Registration District No. *347*  
Primary Registration District No. *3018*

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

2. FULL NAME

(a) Residence, No. *527 E Grant Ave* 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 *7* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *mar 27 1881*

7. AGE YEARS *53* MONTHS *2* DAYS *3* If LESS than 1 day, hrs. min.

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

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 *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alexis Javel*

13. NAME *John S Waggoner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

15. MAIDEN NAME *Mary Crovomet*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT *Thomas a Pharis* (ADDRESS) *Clinton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *England* DATE *June 1 1939*

19. UNDERTAKER *Consular & Peck* (ADDRESS) *Clinton Mo*

20. FILED *6-5* IN *30* BY *J. B. Hampton* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 30*, 1939

22. I HEREBY CERTIFY, That I attended deceased from *May 28* 1939 to *May 30* 1939

I last saw him alive on *May 30*, 1939. Death is said to have occurred on the date stated above, at *9:30* a.m.

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

*Coronary occlusion (apparently a thrombosis) 95 bed room 29/39*

Other contributory causes of importance: *Hypertensive cardiac-vascular disease influenza*

Name of operation *none* 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. *home*

Manner of injury *none*  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify \_\_\_\_\_

(Signed) *S B Hughes*, M. D.  
312 (Address) *Clinton, 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.

504-10-22-36  
X 20314

RECEIVED.

District Health Officer No. 7<sup>6</sup>

District File Number 7-39-903

Date Filed 6-6-39