

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

Do not use this space.

42173

1. PLACE OF DEATH

County Pike
Township Boonville
City Boonville

Registration District No. 684
Primary Registration District No. 4408

File No. _____
Registered No. 55
St. _____ Ward _____

2. FULL NAME

(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.

Riley Russel Pharr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannie Pharr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 14 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 9 10

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

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) Ashley Mo.

13. NAME Richard Pharr

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

15. MAIDEN NAME Peachy Ann Hudson

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

17. INFORMANT (ADDRESS) Tom Pharr
Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Boonville, Mo. DATE 11-27-36

19. UNDERTAKER (ADDRESS) Grace Tompkins
Boonville, Mo.

20. FILED 12-10-36 1936 Wm. S. Swannick
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1936, to Nov. 25, 1936

I last saw him alive on Nov. 25, 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Uremia (coma)

Other contributory causes of importance chronic nephritis

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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) Rufus Barrymore, M. D.
(Address) Boonville, 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.

