DEC 29 1937

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

Do not use this space.

File No. 42770

Registered No.

1. PLACE OF DEATH
County Washington
Township Union
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6187

2. FULL NAME Amanda Francis Pharis

(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 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 Ambrose Pharis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 1853

7. AGE YEARS 84 MONTHS 10 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Illinois

FATHER

13. NAME Anthony Walls

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

MOTHER

15. MAIDEN NAME Levers - - -

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

17. INFORMANT Otis Shoults
(ADDRESS) Cadet Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Mines DATE Oct 1 1937

19. UNDERTAKER J. B. Boyer & Son
(ADDRESS)

20. FILED Nov 15 1937 G. F. Pressnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1937

22. I HEREBY CERTIFY That I attended deceased from Sept 29 1937 to Sept 30 1937

I last saw h[illegible] alive on Sept 29 1937. Death is said to have occurred on the date stated above, at 3 P. m.

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

Intestinal Obstruction

From probable torsion bowels

Other contributory causes of importance:

none

Name of operation none 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 ....., 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) M. Kriegswell, M. D.

(Address) Potosi Mo

WRITE PLAINLY WITH INFADING 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.

X7044