

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

Do not use this space.

22693

1. PLACE OF DEATH
 County Iron Registration District No. 391
 Township Acropolis Primary Registration District No. 4230
 City Sumner (No.) St. (Ward)
 2. FULL NAME John C. Phegley
 (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 ♂ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Gracie McPherson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 6 15
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Iron Mining
 (c) Name of employer Missouri Ore Co.

9. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)
 10. NAME OF FATHER H B Phegley
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Sarah Manning
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

14. INFORMANT Mrs Gracie Phegley
 (Address) Sumner Mo
 15. FILED 7/5/30 RC REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1930
 17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 12:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries received in a fall in the mines of Missouri Ore Co. at Iron Mountain Mo
17 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1860 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF 10/20
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS none
 (Signed) Edward R G. Barnhouse, M. D.
7/5, 1930 (Address) Sumner Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sumner Mo DATE OF BURIAL 7-5-30
Wood Lawn Cem
 20. UNDERTAKER Calvert R. Hood ADDRESS Sumner 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.

AUG 26 1930

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PARENTS

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