

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.

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

Do not use this space.

NOV 27 1935

33781

1. PLACE OF DEATH

County St. Louis Registration District No. 774
Township Long, 21st R Primary Registration District No. 4465
City Camden, 1st (No. 1) St. 1 Ward 1

File No. 241

Registered No. _____

2. FULL NAME

Baby John Riley Phlegley
(a) Residence, No. 1148 River & Mo. St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1931

7. AGE YEARS MONTHS DAYS 24 days 24 days or less than 1 day, _____ hrs. or _____ min.

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. none
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) Flar River, Mo.

13. NAME Riley N. Phlegley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palma, Mo.

15. MAIDEN NAME Alice M. Justice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue, Mo.

17. INFORMANT Mrs. Alice M. Justice Phlegley

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Oct 25 1935

19. UNDERTAKER (ADDRESS) Alvin H. Hood

20. FILED 10/23 1935 C. H. Applegate Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1935, to Oct 22, 1935

I last saw him alive on Oct 22, 1935 Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Otitis media Bilateral
Bacillary dysentery
Bronchopneumonia

Other contributory causes of importance: _____

Name of operation Parenteral Date of Oct 18

What test confirmed diagnosis? Culture 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) C. H. Applegate, M. D.
(Address) Flar River, Mo.

