

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

PLACE OF DEATH

County Osage

Township Jefferson

Village _____

City _____

Registration District No. 643

File No. 42220

Primary Registration District No. 5552

Registered No. 17

(NO. _____) St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Myrtle Phelps

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single

DATE OF DEATH Nov. 24, 1911
(Month) (Day) (Year)

DATE OF BIRTH May 28, 1899
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April, 1911, to Nov 24, 1911, that I last saw her alive on Nov 23, 1911, and that death occurred, on the date stated above, at 8 P.M.

AGE 12 yrs. 5 mos. 26 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____

Organic heart trouble with bronchial complications
9 2/3 (Duration) yrs. 8 mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Peursville Mo

Contributory (SECONDARY) _____ (Duration) yrs. _____ mos. _____ ds.

NAME OF FATHER Frank Phelps

BIRTHPLACE OF FATHER (City or town, State or foreign country) Cooper Hill Mo

MAIDEN NAME OF MOTHER Ellen Harber

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Peursville Mo

(Signed) Charles T. Beach M. D. Nov 23, 1911 (Address) Peursville Mo

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Branson

(ADDRESS) Triumph Mo

Filed DEC 8 1911 John A. Hankins REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL College Hill Cemetery DATE OF BURIAL Nov 25, 1911

UNDERTAKER Estah Branson ADDRESS _____

RECORDS OF DEATHS IN THIS PLAIN FORM, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PHYSICIANS SHOULD STATE EXACTLY.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH

County Osage
Township Jefferson
or
Village
or
City

Registration District No. 643 File No.
Primary Registration District No. 5852 Registered No. 17
(NO. St. Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number]

FULL NAME Myrtle Phelps

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)
DATE OF BIRTH May 28, 1899
(Month) (Day) (Year)
AGE 12 yrs. 5 mos. 26 ds.
IF LESS than 1 day, ___ hrs or ___ min.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24, 1911
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Sept 1, 1911, to Nov. 24, 1911,
that I last saw h alive on Nov. 24, 1911,
and that death occurred, on the date stated above, at 12 m.

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH was as follows:
Organic heart trouble with broncal complication
Mitral Regurgitation
Duration 8 yrs. 8 mos. 8 ds.

BIRTHPLACE (City or town, State or foreign country) Fenersville, Mo.

PARENTS
NAME OF FATHER Frank Phelps
BIRTHPLACE OF FATHER (City or town, State or foreign country) College Hill, Mo.
MAIDEN NAME OF MOTHER Elgin Hassler
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Fenersville, Mo.

Contributory (SECONDARY)
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) Chas J. Leach M. D.
Nov. 25, 1911 (Address) Fenersville, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. S. Traneon
(ADDRESS) Triumph, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence

Filed Feb. 1, 1912 J. H. Hawks REGISTRAR

PLACE OF BURIAL OR REMOVAL College Hill Cem. DATE OF BURIAL Nov. 25, 1911
UNDERTAKER Walt Branson Triumph ADDRESS

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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