

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

Do not use this space.

26449

1. PLACE OF DEATH

County Boone
Township Centralia
City Centralia (No.)

Registration District No. 72
Primary Registration District No. 4041

File No.
Registered No. 23
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 6 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Tracy, LaPorte Co. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John H. Stepp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Jolly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Columbus Stepp
(Address) Centralia Mo

15. FILED 9/3, 1927 J. E. Hickerson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 - 1927 to Aug 31 - 1927 that I last saw h. er. alive on Aug 31 - 1927, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro Enteritis

CONTRIBUTORY (SECONDARY) 1208/1413 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?..... no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. E. Hickerson, M. D.
9/2, 1927 (Address) Centralia 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 St. James Church Cem Centralia Mo DATE OF BURIAL 9/2 1927

20. UNDERTAKER M. J. McDonald Centralia Mo ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. No. of cemetery supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

