

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

Do not use this space.

8009

1. PLACE OF DEATH

County Butter

Registration District No. 89

File No. _____

Township _____

Primary Registration District No. 3007

Registered No. 68

City Poplar Bluff (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Malden Mo Ward. Malden Mo

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
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5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>11</u>	<u>10</u>	<u>13</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN); Fidelity
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Clyde Phelps

11. BIRTHPLACE OF FATHER (CITY OR TOWN); White City
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Ethel Gaines

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

14. INFORMANT Clyde Phelps
(Address) Clarkson, Mo.

15. FILED 4/28 1928 D.B.J. Clair
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/25 1928

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 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1215 Appendicitis

CONTRIBUTORY (SECONDARY) 117 B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. W. [Signature], M. D.

4/1 1928 (Address) Poplar Bluff, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Malden, Mo DATE OF BURIAL 3/27 1928

20. UNDERTAKER Frank & Wm - Co - Poplar Bluff ADDRESS _____

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.

C.C. Phelps

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