

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

Do not use this space.

22153

1. PLACE OF DEATH

County Newton Registration District No. 609

Township Lawson Primary Registration District No. 4363

City Newbo (No. 421 Morrow Ave)

File No. 45

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Mary Phelps

(a) Residence. No. 421 Morrow St. 3 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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

Urial Phelps

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 | 8 | 17 | _____

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)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER

No Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER

No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) No Record

14.

INFORMANT Mrs. John Etter
(Address) Newbo Mo

15.

FILED 7/8 29 G. B. Phelps
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 19 29

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to June 20, 1929 that I last saw her alive on June 15, 1929, and that death occurred, on the date stated above, at 11:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic nephritis
+ Sclerosis

CONTRIBUTORY (SECONDARY)

131
162 (duration) yrs. mos. ds.
129 W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH: NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Re Lawson, M. D.

6/20, 1929 (Address) Newbo 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, (CITY, TOWN, OR COUNTRY) DATE OF BURIAL
IOOF Cemetery 6/22 19 29

20. UNDERTAKER ADDRESS
Byrbair's Newbo

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.

RECORD
73
4
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