

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

Do not use this space.

24817
33211

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Rox Primary Registration District No. 3500 Olive 1002
 City Kansas City (No. 3500 Olive 1002) St. 13 (Ward)

File No. _____
 Registered No. _____
 St. _____ (Ward)

2. FULL NAME

Areta De Pew
 (a) Residence. No. 3300 Olive St. 13 Ward. (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 - 1894

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
8.4 10 25

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)
Chicago

10. NAME OF FATHER Daniel Phelps

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

12. MAIDEN NAME OF MOTHER W. Reed

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

14. INFORMANT M. O. Propper
 (Address) 3300 Olive

15. FILED 7-27, 1929 M. M. Crowe REGISTRAR
asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 24 July, 1929, to 26 July, 1929 that I last saw him alive on 26, 1929, and that death occurred, on the date stated above, at 10 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uterine Sclerosis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Sherris and Test
 (Signed) R. Jones, M. D.
7-24, 1929 (Address) 421 E 11

*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 Chicago Ill DATE OF BURIAL 7-28 1929

20. UNDERTAKER Mrs. C. P. Foster ADDRESS K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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421-E-11th -
W 8403 -
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