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

Do not use this space.

25108

File No. .....

Registered No. 132

1. PLACE OF DEATH

County Lawrence — Registration District No. 467

Township Aurora — Primary Registration District No. 4280

City Aurora (No. 904 N. Elliot ave — St. ..... Ward)

2. FULL NAME Dora Bell Phelps —

(a) Residence. No. 904 N. Elliot ave St. ..... Ward. .....
(Usual place of abode) (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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Phelps —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29, 1880

7. AGE: Years 49 | Months 0 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

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) MO —

PARENTS

10. NAME OF FATHER J. E. Cline

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jasper co
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Jessie Finley

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

14. INFORMANT Robert Phelps
(Address) Aurora Mo

15. FILED 7-30 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1929

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1929, to July 13, 1929, that I last saw him alive on May 3, 1929, and that death occurred, on the date stated above, at 10:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uterine Fibroid

548

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(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? Clinical

(Signed) J. N. Mooney, M. D.

7-14, 1929 (Address)

*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: Maple Park Cem — DATE OF BURIAL: 7/14 1929

20. UNDERTAKER: King Funeral Home — ADDRESS: Aurora Mo.

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.

S. M. Townsend,

Aurora, Mo.