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

Do not use this space.

File No. 40235
Registered No. 1

1. PLACE OF DEATH
County: Dunklin
Township: Cotton Hill
City: ..... (No. ..... St. ..... Ward)
Registration District No. 289
Primary Registration District No. 3407

2. FULL NAME Martha E. Phelps

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF U. S. Phelps

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23-1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	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) Burfordsville Mo.

PARENTS
10. NAME OF FATHER Frederick Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Burfordsville Mo.
12. MAIDEN NAME OF MOTHER Mary Quinten
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Leap Station Mo.

14. INFORMANT U. S. Phelps
(Address) Malden Mo.

15. FILED 12/10, 1929 L. E. Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from March 4th, 1929, to ~~Nov~~ Dec 10, 1929 that I last saw her alive on Dec 9, 1929, and that death occurred, on the date stated above, at 9.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchiectasis 107A
Pneumonia 106B
(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
(duration) ✓ yrs. 1 mos. 7 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? General Symptoms
(Signed) L. E. Mitchell, M. D.
12-10, 1929 (Address) Malden 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	DATE OF BURIAL
Near Holcomb Mo.	12-11 1929
20. UNDERTAKER	**ADDRESS**
W. L. Craig	Malden

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.

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