

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 27 1930

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

Do not use this space.

5493

1. PLACE OF DEATH

County St. Louis Registration District No. 443
 Township Lyon Primary Registration District No. 5610B
 City _____ (No. _____) St. _____ Ward _____

File No. 4
 Registered No. 4

2. FULL NAME Miss Olive A. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Phelps

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1930 to Feb 16, 1930 that I last saw her alive on Feb 15, 1930, and that death occurred, on the date stated above, at 4 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 1854

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 5 18

Valvular disease

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 _____

CONTRIBUTORY (SECONDARY) 90A (duration) 2 yrs. _____ mos. _____ ds.

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

CONTRIBUTORY (SECONDARY) 90W (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Jessie Arnold

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

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

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) H. M. Humphrey, M. D.

12. MAIDEN NAME OF MOTHER Not known

717, 1930 (Address) Brookline, 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.

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

14. INFORMANT Addie Phelps
 (Address) Brookline, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Willmuthville DATE OF BURIAL 2/18 1930

15. FILED 2/20 1930 H. A. Sissel
 REGISTRAR

20. UNDERTAKER G. B. Easley Jr. ADDRESS Brookline, Mo.

