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

Do not use this space.

36956

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Mo. (No. Mo Meth Hosp. St. Ward)

File No.
Registered No. 1189

2. FULL NAME George Phelps
(a) Residence. No. Rockport St., Mo. Ward. Rockport Mo
(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: Male
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 Mrs. Mollie Phelps

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown about 1869

7. AGE: 62 YEARS — MONTHS: unknown — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer Common
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Phelps City Mo
(STATE OR COUNTRY) Atchison, Co.

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

14. INFORMANT Walter Phelps
(Address) unknown

15. FILED 11-26, 1931 John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1931, to Nov 26, 1931 that I last saw him alive on Nov 26, 1931, and that death occurred, on the date stated above, at 11:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Nephritis
137 About (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prostatic hypertrophy
About (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Rock Port Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical finding
(Signed) H. W. Carr, M. D.
11/26, 1931 (Address) 301 P & S Bldg

*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: Rockport Mo — DATE OF BURIAL: 11-28 1931

20. UNDERTAKER: Gratz Bartholomew — ADDRESS: Rockport 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.

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

DEC 21 1931