

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

Do not use this space.

3362-1

File No. 1
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Wayne Registration District No. 65-
Township Logan Primary Registration District No. 6192
City Piedmont, (No. _____) St. _____ Ward _____

2. FULL NAME Lodiska Phelps

(a) Residence No. Piedmont Mo. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/7/1843

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
| | 33 | 9 | 18 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife,
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Elijah Whittinghill,

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

12. MAIDEN NAME OF MOTHER Sarah Hale,

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

14. INFORMANT Julia Emery
(Address) Piedmont Mo.

15. FILED Feb. 11, 1932 Mrs. T. M. Palk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25-1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1932 to Jan. 24, 1932
that I last saw h. h. alive on Jan. 24, 1932 and that death occurred, on the date stated above, at 12:07 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Oesophagus

48 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 48 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Piedmont.

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF (D)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Honey M. D.
, 19 (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 Clubb Cemetery. DATE OF BURIAL 1/26/1932,

20. UNDERTAKER Yates Und. Co. Piedmont, ADDRESS _____

APR 30 1932

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.

