

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

Do not use this space.

9796

**1. PLACE OF DEATH**

93 County St. Clair  
Township Morgan  
City                      (No.                     )

Registration District No. 761  
Primary Registration District No. 6014

File No.                       
Registered No.                      St.                      Ward                     

**2. FULL NAME** Birdie B Phelps

(a) Residence No.                      St.                      Ward                     

(Usual place of abode)  
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. (If nonresident, give city or town and State)

**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 Jesse Phelps

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-1-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52      5      10

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) 23rd  
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) Chicago office  
(STATE OR COUNTRY) et Clair Mo

10. NAME OF FATHER Phillip Warner

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

12. MAIDEN NAME OF MOTHER May E Holder

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

14. INFORMANT J. E. Phelps  
(Address) Appleton City Mo

15. FILED Mar 12 1932 Ritch Gay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1932

17. I HEREBY CERTIFY, That I attended deceased from March 10 1932, to March 11 1932, that I last saw him alive on March 11 1932, and that death occurred, on the date stated above, at 10 o'clock P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Toxar Pneumonia  
108 (duration) 4 yrs. 4 mos. 4 ds.  
108  
CONTRIBUTORY Chronic Lymphangitis  
(SECONDARY) (duration) 7 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?  
(Signed) R. J. Smith M. D.  
, 19                      (Address) Appleton City

\*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 Appleton City Cem DATE OF BURIAL Mar 13 1932  
UNDERTAKER R.R. Kennedy ADDRESS 2 E Mo.

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

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.

APR 29 1932

MARGIN RESERVED FOR BINDING

