

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

Do not use this space.

19919
2635

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City K.C. Mo. (No. 5041) Bellefontaine St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Miss Anna Mae Phelps

(a) Residence, No. 5041 Bellefontaine 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1887

7. AGE YEARS 45 MONTHS 6 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia, Mo.

FATHER 13. NAME Joseph M. Phelps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Emma Reid

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Emma R. Phelps
(ADDRESS) 5041 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL June 25-33
PLACE Centralia, Mo. DATE _____, 19____

19. UNDERTAKER Lindsey Funeral Home
(ADDRESS) _____

20. FILED June 24, 1933 K.C. Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11th, 1932 to June 2, 1933

I last saw her alive on June 22nd, 1933 Death is said to have occurred on the date stated above, at 6:45 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Breast
50
Date of onset May 11th 1932

Other contributory causes of importance: Carcinoma of Spinal Cord (mid dorsal area) Jan 3, 1933

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. V. Phelps, M.D., M. D.
(Address) 805 E. Howard Ave

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.

