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.

NOV 10 1933

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

Do not use this space.

32323

1. PLACE OF DEATH

12 County BUTLER — Registration District No. 89 — File No.

2 Township POPLAR BLUFF — Primary Registration District No. 3007 — Registered No. 11

7 City POPLAR BLUFF (No. 1106, HARPER St. Ward)

2. FULL NAME JOHN DEWITT PHELPS

(a) Residence, No. 1106 HARPER 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: 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: EVA ELSIE PHELPS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 31-1872

7. AGE: 61 YEARS — MONTHS: 2 — DAYS: 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: CARPENTER
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): ILLINOIS

FATHER

13. NAME: DAVID L. PHELPS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

MOTHER

15. MAIDEN NAME: NANCY ANN ROLAND
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

17. INFORMANT (ADDRESS): A. A. PHELPS, SON, OMAHA, NEBRASKA

18. BURIAL, CREMATION, OR REMOVAL — PLACE: OCT. 24 — DATE: WOODLAWN CEMETERY

19. UNDERTAKER (ADDRESS): GREER UNDERTAKING CO. POPLAR BLUFF, MO.

20. FILED 10-31-1933 W. S. Bailey, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): OCT. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1930, to Oct 22, 1933

I last saw him alive on Oct 20, 1933. Death is said to have occurred on the date stated above, at 1 A.m.

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

	Date of onset
82A	
Cerebral apoplexy	10/20/33

Other contributory causes of importance: Hypertension, Arteriosclerosis

Name of operation — 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? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Lee Harwell, M. D.

(Address) Poplar Bluff, Mo.