

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

Do not use this space.

37009

1. PLACE OF DEATH
 County Lafayette Registration District No. 460
 Township Dover Primary Registration District No. 5623
 City Dover St. _____ Ward _____
2. FULL NAME George Phelps
 (a) Residence, No. _____ 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.

File No. _____
 Registered No. 68
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Singles
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1877
7. AGE YEARS 61 MONTHS 10 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Dover Mo
13. NAME David S Phelps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
15. MAIDEN NAME Margaret Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo
17. INFORMANT Mr Robt Dannehl
 (ADDRESS) Borden Mo
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dover Cem, DATE Nov 3, 1938
19. UNDERTAKER Hooper Med. Bur. Co
 (ADDRESS) Higginsville, Mo
20. FILED 11-3-33 Dr. W. A. Braecklein
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1938
2. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Probably Chronic Endocarditis Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? History 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? _____
 If so, specify _____
 (Signed) W. H. Paul M. D.
 (Address) Acron, Ohio

N. B.—Every item of information should be carefully supplied. If not known, state so. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JAN 4 1934

56

OCCUPATION

FATHER

MOTHER

