

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County DarvessRegistration District No. 250File No. 4420Township GallatinPrimary Registration District No. 4150Registered No. 692City Gallatin (No.) St. Ward (No.)2. FULL NAME Florence 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clay Phelps6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-18487. AGE YEARS 85 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home-10. Date deceased last worked at this occupation (month and year) Feb. 1923 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darvess Co. Mo.13. NAME Wildah Laruson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown.15. MAIDEN NAME Clarissa Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica New York17. INFORMANT Mrs. Flora Brewer (ADDRESS) Gallatin, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mooresville, Mo. DATE 2/11-193419. UNDERTAKER H. A. Hope (ADDRESS) Gallatin, Mo.20. FILED 2-11-1934 Ph Gardner Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10-193422. I HEREBY CERTIFY, That I attended deceased from 2-10-1934 to 2-10-1934I last saw her alive on 2-10-34, 19..... Death is saidto have occurred on the date stated above, at 2 P. m.

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

Fell striking head Date of onsetcausing hemorrhage & shebled to death

Other contributory causes of importance:

NoneName of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

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

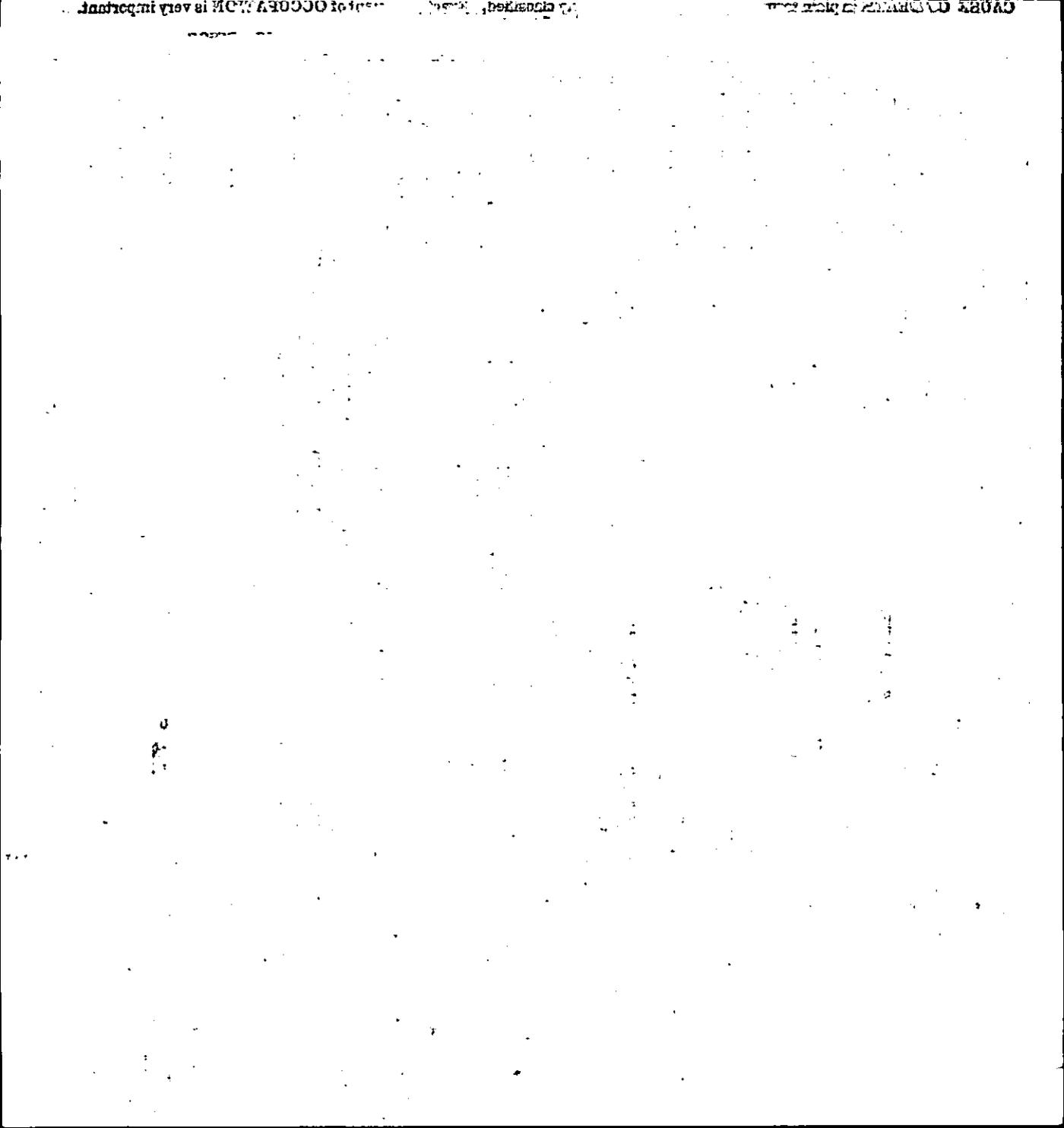
(Signed) Ph Gardner M. D.(Address) Gallatin Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

FATHER

MOTHER



CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION, if important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

4420

1. PLACE OF DEATH

County Davess
Township Sallaber
City Sallaber (No.)

Registration District No. 250
Primary Registration District No. 7150

File No.
Registered No. 692 St. Ward)

2. FULL NAME

Flarenee 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1934

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

22. I HEREBY CERTIFY, That I attended deceased from ... to ...
I last saw him alive on ... 19... Death is said to have occurred on the date noted above, at ... m.

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

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

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

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

Fell striking head causing hemorrhage - died to death from nose & throat
Other contributory causes of importance:
1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19 Ph Gardner Registrar.

Name of operation Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2-7-1934
Where did injury occur? at home Sallaber Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home

Manner of injury fell striking head & nose
Nature of injury fall

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Ph Gardner, M. D.
(Address) Sallaber Mo

SUPPLEMENTARY

S=4420