

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.

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

Do not use this space.

SEP 15 1934

31720

1. PLACE OF DEATH
County Washington Registration District No. 875
Township North Primary Registration District No. 3039
City Washington No. _____ St. _____ Ward _____
2. FULL NAME Mary Etta Phelps
(a) Residence, No. 1315 Union St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

File No. _____
Registered No. 170
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1857
7. AGE YEARS 77 MONTHS 7 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Don't know Missouri
13. NAME Isaac Newton Thurst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peris
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT Charles Phelps
(ADDRESS) Overfield mo
18. BURIAL, CREMATION, OR REMOVAL Newton Mo DATE 8/13/1934
19. UNDERTAKER Ferry Funeral Home
(ADDRESS) Newada mo
20. FILED Aug 15 1934 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10th 1934
22. I HEREBY CERTIFY, That I attended deceased from April 4th 1930 to Aug 10th 1934
Last saw him alive on Aug 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic gastro intestinal degenerations
Date of onset 4-4-30
Other contributory causes of importance: Two attacks of influenza
11 B
12 B 19 11 B
Name of operation No operation Date of _____
What test confirmed diagnosis? Name 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. 2
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. W. Cramer, M. D.
(Address) Newada mo

