

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

Do not use this space.

2763

MAR 2 1935

1. PLACE OF DEATH
 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033
 City (No. 6289, Horton Pl.) St. _____ Ward (_____)

2. FULL NAME Alonso Phelps
 (a) Residence, No. 6289 Horton Pl. St. 6289 Ward. (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7-1859

7. AGE YEARS 85 MONTHS 4 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

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) New York
New York

13. NAME Louis Phelps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
N. Y.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
N. Y.

17. INFORMANT Matilda Phelps
 (ADDRESS) 6289 Horton Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cuba Mo DATE Jan. 13 1935

19. UNDERTAKER Sullivan & Sons
 (ADDRESS) 5007 ~~Center~~ ~~St.~~ ~~Waterman~~ ~~St.~~

20. FILED 1-11- 19 35 W. Bachner
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11-1935

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1935, to Jan 11 1935
 I last saw ~~him~~ her alive on Jan 11 1935. Death is said to have occurred on the date stated above, at 7:29 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
Pneumonia (hypostatic)
Lobar

Other contributory causes of importance
Chronic Hypertension 1924
Ch. Myocarditis & Myocardial degeneration 1924

Name of operation None Date of _____
 What test confirmed diagnosis? Exam. & Histology 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? NE
 If so, specify _____
 (Signed) John A. Rogers M. D.
 (Address) 6693 Delmore, St. L.

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.

CA 2101

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