

NOV 26 1935

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

W. H. Hill
Do not use this space.
33587

1. PLACE OF DEATH Pettis

County.....
Township.....
City..... Sedalia

Registration District No. 668
Primary Registration District No. 3232
(No. Bothwell Hospital)

File No. 318
Registered No. 668
St. _____ Ward)

2. FULL NAME Kathrine Phelps

(a) Residence, No. 1705 W 16th. St., _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12/35 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935, to Oct 12, 1935
I last saw her alive on Oct 12, 1935 Death is said to have occurred on the date stated above, at 4:30 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1869

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 2

Leukemic Encephalitis Date of onset Nov 1935

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

Other contributory causes of importance: none

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

MOTHER FATHER 13. NAME R.P. Briggs

Name of operation none Date of none
What test confirmed diagnosis Chemical Was there an autopsy no

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

23. If death was due to external cause (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)

MOTHER 15. MAIDEN NAME Mary Thorpe

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

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

17. INFORMANT T. J. Phelps (ADDRESS) Sedalia Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury Mo. DATE Oct. 13 35

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.

(Signed) Chas. W. Hill, M. D.

20. FILED Oct 12 19. 35 J. Frank Slack Registrar.

(Address) Sedalia Mo.

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.

