

FEB 24 1937

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

Do not use this space.

6369

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 714 East 33rd St.)

File No. 6369
Registered No. 756
St. W.B. Ward

2. FULL NAME William J. Phelps

(a) Residence, No. 714 East 33 rd St. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>3</u>	<u>29</u>	

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. Letter Carrier

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME John Phelps

14. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

17. INFORMANT Mrs. Grace Phelps
(ADDRESS) Kansas City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE _____ 19 _____

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Missouri

20. FILED 2-10-37 M. M. Crow
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-37 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Feb 7, 1937

I last saw him alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at 7:15 m.

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

Carcinoma of Ear, parotid, neck etc

Other contributory causes of importance:

Senility

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? _____ 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) E. R. Drell, M. D.
(Address) K. C.

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.

1032 Prof. Bird

2-3:30 P.M.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 6369
 Township Kansas City Primary Registration District No. 100Y Registered No. 756
 City Kansas City No. 714 E 33rd St St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 714 East 33rd St 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(Use the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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.....

Date of onset

Carcinoma of ear, parotid, neck etc.
Primary - ear
 Other contributory causes of importance:
Senility

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

Name of operation _____ Date of _____

13. NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME

Where did injury occur? _____ (Specify city or town, county, and State)

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

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

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE _____ DATE _____, 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS)

If so, specify _____

20. FILED 710 37 M. M. Brown
 Registrar.

(Signed) E. Lee Miller M. D.

(Address) 126 Tho

N. B. Every item of information should be carefully supplied. A CE should be stated. EXACTLY. F. I. OCCASIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

TEMPORARY

5-6369