

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

Do not use this space.

1. PLACE OF DEATH ^{Nov} 18 1937

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. St. Joseph Hospital)

File No. 36808

Registered No. ADDY
117200

2. FULL NAME George Harvey Phelps

(a) Residence, No. 2328 Elmwood

St. _____ Ward. _____

Length of residence in city or town where death occurred yrs. mos. 4 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

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15th 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	5	6	

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

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) 1925 11. Total time (years) spent in this occupation _____

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Francis Lewis (ADDRESS) 2328 Elmwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Oct 23rd 1937

19. UNDERTAKER Weynenmiller Sons (ADDRESS) Kansas City - Mo

20. FILED Oct 21 1937 M. M. Orpin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15 1937 to Oct 21 1937

I last saw him/her on Oct 21 1937 Death is said to have occurred on the date stated above, at 10am.

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

Bronchial Asthma Date of onset 2 months
93C

Other contributory causes of importance: Chronic myocarditis 10 years

Name of operation None Date of _____

What test confirmed diagnosis? Physical Examination Was there an autopsy? Yes

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? No (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Walter B. Baseball, M. D. (Address) 122 1/2 Walnut Bldg K. C. Mo.

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.

