

Dr. Hill

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

Do not use this space.

NOV 16 1937

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. 37478
Registered No. 267
St. _____ Ward _____

2. FULL NAME Elizabeth Jean Phelps

(a) Residence, No. _____ 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-8-1937

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo. (STATE OR COUNTRY)

13. NAME John G. Phelps

14. BIRTHPLACE (CITY OR TOWN) Centralia, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Alma Koecher

16. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo. (STATE OR COUNTRY)

17. INFORMANT John G. Phelps (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Resurrection Cem DATE Oct-10-1937

19. UNDERTAKER John G. Phelps (ADDRESS) Jefferson City, Mo.

20. FILED 10/11/37 1937 Dr. Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1937, to Oct 9, 1937

I last saw her alive on Oct 9, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Congenital Heart Malformation
Probably from Gravel
with Adema of lungs

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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? _____ (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? no

If so, specify _____

(Signed) Jas P. Kelly, M. D.

(Address) Jefferson City, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

