

DEC 16 1937

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

41150

Do not use this space.

Registered No. 151

## 1. PLACE OF DEATH

(a) County Douglas Registration District No. 272  
(b) Township Rebstar Primary Registration District No. 5329  
(c) City Ava Mo (d) Street No. \_\_\_\_\_ Registered No. 151  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bobby Jean Phelps

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city.) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_ 1935  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 1935  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 9 7  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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) Ava Mo

13. NAME W. H. Phelps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bryant Mo Douglas Co. Ava Mo

15. MAIDEN NAME Manuel Carter

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

17. INFORMANT (ADDRESS) W. H. Phelps Ava, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huffman DATE 11-18 1937

19. FUNERAL DIRECTOR (ADDRESS) Friends

20. FILED 12-7 1937 Henry Burke Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1937 to Nov. 17 1937

I last saw him alive on Nov. 17 1937 Death is said

to have occurred on the date stated above, at 1020 m.

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

Acute Peritonitis

Date of onset

Other contributory causes of importance:

Abused liver

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None 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) P. C. Meyer M. D.

(Address) Ava Mo

*S. Meyers*

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**