

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.

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Honey Creek  
City (No. \_\_\_\_\_)

Registration District No. 387  
Primary Registration District No. 5491

File No. 41383  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary Edkins Phelps

(a) Residence, No. Clinton Mo RR 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eldest Phelps</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 22 1863</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>30</u>	<u>74</u>	<u>3</u>	<u>10</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>			
	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) (STATE OR COUNTRY) <u>Butler Co Ky</u>				
MOTHER	13. NAME <u>Will Adkins</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis</u>			
	15. MAIDEN NAME <u>Sarah Turner</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis</u>			
17. INFORMANT <u>Mrs Coy Phelps</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Henderson Ky</u> DATE <u>12-4 37</u>				
19. UNDERTAKER (ADDRESS) <u>Conzelius &amp; Perle</u>				
20. FILED <u>Dec 4 1937</u> <u>J. R. Naylor</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1937 to Nov 30 1937  
I last saw her alive on Nov 30 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Endocarditis Chronic Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Rheumatoid Arthritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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? N.O.  
If so, specify \_\_\_\_\_  
(Signed) J. B. Beatty, M. D.  
(Address) Chilchawson Mo

