

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

Do not use this space.

3305

1. PLACE OF DEATH

County Lincoln Co. Mo. Registration District No. 486
 Township Harrison Primary Registration District No. 3-649
 City (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 1

2. FULL NAME

John W. Phelps 412
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 24 1937

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

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1937, to December 24, 1937
 I last saw him alive on December 24, 1937 Death is said to have occurred on the date stated above, at 5:12 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-28-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>8</u>	<u>26</u>	

Lobar Pneumonia Date of onset 12/19-37

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

Other contributory causes of importance: ✓
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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

13. NAME John E. Phelps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

15. MAIDEN NAME Sepherona Ashley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

17. INFORMANT Gilbert Phelps
 (ADDRESS) Bristol Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Cemetery DATE 12-26-37

19. UNDERTAKER W.P. Vandum
 (ADDRESS) Silbert Mo.

20. FILED 2-10 19 38 C. E. Powell
 Registrar.

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) J. B. Hoegly M. D.
H. Whiteside - Mo. (Address)

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.

John H. Phelps

Can Willam Bent 75 2/11/28-1938

Chicago, Ill.

Wheeler & Messinger

John E. Phelps

Amuel Co.

Defiance Ohio

Amuel Co.

Willard Phelps

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

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