

REC'D JUN 15 1938

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

Do not use this space.

18454

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Independence Primary Registration District No. 3019

File No. ....  
Registered No. 143 St. .... Ward)

2. FULL NAME

William G. (Butler) Phelps 412  
(a) Residence, No. 397th & Phelps Road 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1895

7. AGE YEARS 43 MONTHS 3 DAYS 13 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bo. Employ.  
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 0

12. BIRTHPLACE (CITY OR TOWN) & (STATE OR COUNTRY) Independence, Missouri

MOTHER 13. NAME Nicklar P. Phelps

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

15. MAIDEN NAME Lillian Ann Roland

16. BIRTHPLACE (CITY OR TOWN) & (STATE OR COUNTRY) Jackson Co, Missouri

17. INFORMANT (ADDRESS) Ruby P. Phelps, 397th & Phelps Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 5-11-1938

19. UNDERTAKER (ADDRESS) George C. Carson, Independence, Mo.

20. FILED 5-14-38 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. Defton alive on May 9, 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Gas Bacillus Infection  
Comp Fr. Left Femur  
Other contributory causes of importance: 1942  
11

Name of operation none Date of none  
What test confirmed diagnosis? Chowder Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury 5-7-1938  
Where did injury occur? 1440 S. Co. Hwy. Order, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Highway  
Manner of injury Truck fell from dump truck  
Nature of injury Fr. Left Femur - Gas Bac. Inf.

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) Monty, M. D.  
(Address) Defton

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

OCT 14 1957

JAN 2 1958

NOV 8 1958