NOV 21 1938

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

35854
Do not use this space.

1. PLACE OF DEATH
(a) County: Dowell
Registration District No.: 384
(b) Township:
Primary Registration District No.: 4227
Registered No.:
(c) City: West Plains (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Ulin Clarence Chester 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: Mal
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~~: Elizabeth Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 15 1886

7. AGE: Years 52 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Fisherman
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 COUNTY): Galatin Mo

FATHER
13. NAME: Dan Phelps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY):

17. INFORMANT (ADDRESS): Mrs. Dan Phelps West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oakwood DATE: Oct 2 1938

19. FUNERAL DIRECTOR (ADDRESS): [illegible]

20. FILED: 10-1- 1938 Vida W Simons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 30 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 P.M. approx.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept. 30, 1938
Where did injury occur? Home - West Plains Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home & Public Place
Manner of injury Strangulation
Nature of injury Rope around neck

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Mayme C. Thornburgh Coroner
(Address) West Plains, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 wi the above constitutes grounds for revocation of license.)