

JAN 12 1940 89

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **305**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME **Mary Phelan** **450**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **G. G.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 3, 1874**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Xenia, Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **J. W. Richardson**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Foss**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **P. H. Phelan - Son**

(b) Address **Granite City, Ill**

17. (a) **Burial** (b) Date thereof **12/20/39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Poplar Bluff**

18. (a) Signature of funeral director **Greer-Croy Service**

(b) Address **Poplar Bluff, Mo.**

19. (a) **12/20/39** (b) **Chilton's register**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Butler**
(c) City or town **Poplar Bluff,**
(If outside city or town limits, write "RURAL")
(d) Street No. **244 Bartlett**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **19**
year **1939** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 19**, 19**39**, to **Dec 19**, 19**39**
that I last saw him alive on **Nov 19**, 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute indigestion**
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Alfred P. Gray** (M. D. or other) _____

Address **Poplar Bluff, Mo** Date signed **12/20/39**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

115c

STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
BOSTON, MASSACHUSETTS
JAN 19 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Glover W. Green
Licensed Embalmer No. 2964
P. O. Address Poplar Bluff, Mo.

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42884
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 305
(c) City Poplar Bluff (d) Street No. _____ St. _____
(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 Mary Phelan

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 3 16

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19 _____

I last saw h. _____ alive on _____, 19 _____ 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:

acute indigestion Date of onset _____

cause unknown
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? _____ 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) Alfred R. Rowe, M. D.
(Address) Poplar Bluff Mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE

