

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

Do not use this space.

**1. PLACE OF DEATH**

County Washington Registration District No. 19 File No. 40041  
 Township Clay Primary Registration District No. 4013 Registered No. \_\_\_\_\_  
 City Rock Port (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. Graven</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4-26-1903</u>		
7. AGE <u>29</u>	YEARS <u>8</u>	MONTHS <u>6</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St. Joe, Mo.  
 (STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Geo. Phelps</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Centon, Mo.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Mary Coons</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Rock Port, Mo.</u> (STATE OR COUNTRY)	

14. INFORMANT Geo. Graven  
 (Address) Rock Port

15. FILED 12-31-1931 Mary J. Chamberlain  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31-1931

17. I HEREBY CERTIFY, That I attended deceased from 12-29-1931 to 12-31-1931, 1931 that I last saw him alive on 12-30-1931, and that death occurred, on the date stated above, at 1:29 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
223 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) W.C. Chamberlain, M. D.  
12-31-1931 (Address) Rock Port Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Greenlee Cem.</u>	DATE OF BURIAL <u>12-31-1931</u>
20. UNDERTAKER <u>Prof. Bartholomew</u>	ADDRESS <u>Rock Port, Mo.</u>

JAN 19 1934

DEC 2 1947  
JAN 8 1948