

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

1938

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 5 Township Blue Primary Registration District No. 33019
 8 City Independence (No. _____ St. _____ Ward _____)

2. FULL NAME Mrs Anna Phelps Peacock
 (a) Residence, No. 216 E Elm 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 Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm W. Peacock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa Mo 2

FATHER 13. NAME Benjamin T. Phelps
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Pa

MOTHER 15. MAIDEN NAME Margaret A Reynolds
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overland Ohio

17. INFORMANT (ADDRESS) Maggie Phelps 216 E Elm

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Jan 19 1938

19. UNDERTAKER (ADDRESS) W. Mitchell Independence Mo.

20. FILED Jan 19 1938 J. H. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 8 1938 to Jan 17 1938
 I last saw her alive on Jan 17 1938 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:
Broncho-Pneumonia Jan 10 32
107A 106B 107A
 Other contributory causes of importance: Bronchitis Jan 8 32

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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. H. Hickenan M. D.
 (Address) Independence Mo

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.

FEB 24 1938

