

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

Do not use this space.

21467

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **316**) S. **Jefferson** Ward

File No.....
 Registered No. **6034**
 St. _____ Ward

2. FULL NAME

(a) Residence, No. **316 1/2 S. Jefferson** St., **22** Ward.

(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 Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE	YEARS	MONTHS
abt. 60	—	—
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
Housewife		33 1/2
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
335		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2		
13. NAME William Paul Phelps		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 131		
15. MAIDEN NAME Willie Gary		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2		
17. INFORMANT (ADDRESS) Birdie C. Ethelbert 316 1/2 S. Jefferson Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkinsville, Ky DATE 6/29 1932		
19. UNDERTAKER (ADDRESS) C. W. Roberts 3035 Linder Ave.		
20. FILED JUN 28 1932 Max C. Stanley Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-24 1932**

22. I HEREBY CERTIFY, That I attended deceased from **June 24 1932** to **June 24 1932**

I last saw her alive on **June 24 1932** Death is said to have occurred on the date stated above, at **4:20 p.m.**

The principal cause of death and related causes of importance were as follows:

Embolus cerebral
Hemorrhage

Date of onset **June 24 1932**

Other contributory causes of importance:
arteria sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **0**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____
 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) **Jared O. Blanton**, M. D.
 (Address) **2543 Park**

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

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.

