

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

Do not use this space.

**22657**

File No. ....  
Registered No. .... St. .... Ward)

1. PLACE OF DEATH  
46 County Howell Registration District No. 373  
Township Saldsberry Primary Registration District No. 2374  
City (No. .... St. .... Ward)

2. FULL NAME Hattie May Phelps  
(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>Felix O Phelps</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19 1889</u>				
7. AGE	YEARS <u>43</u>	MONTHS <u>1</u>	DAYS <u>24</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkana, Dallas Co Mo.</u>			
	13. NAME <u>Isaac n Reser</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkana MO</u>			
	15. MAIDEN NAME <u>Luey J Andrews</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buffalo mo</u>			
17. INFORMANT <u>E. A. Reser Arkana mo</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mountain View</u> DATE <u>July 16 1932</u>				
19. UNDERTAKER <u>John Durdan</u> (ADDRESS) <u>1st Regt Mo</u>				
20. FILED ..... 19 <u>1932</u> <u>R. J. Davis</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13 1932, to July 14 1932  
I first saw her alive on July 14 1932 Death is said to have occurred on the date stated above, at 1: a m.  
The principal cause of death and related causes of importance were as follows:  
Blows from a hammer in the hands of an assassin Date of onset 7/13-32  
175B

Other contributory causes of importance: 175B

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 Blow from a hammer  
Nature of injury in forehead temple

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....  
(Signed) R. J. Davis M. D.  
(Address) Birch Tree 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.

NOV 24 1932



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Howell Registration District No. 383 File No. \_\_\_\_\_  
 Township Goldsberry Primary Registration District No. 5534 Registered No. 24  
 City \_\_\_\_\_ (No) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Hattie May Phelps**

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felix P. Phelps  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1889  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 1 25  
 OCCUPATION 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 \_\_\_\_\_

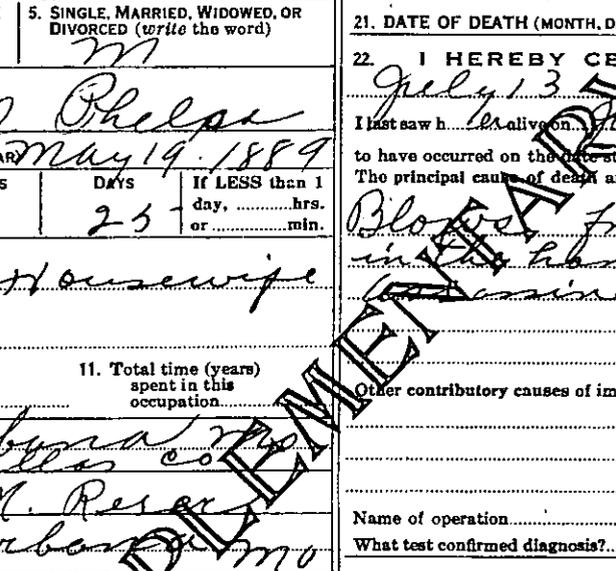
**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932 to July 14, 1932  
 I last saw h. her alive on July 14, 1932 Death is said to have occurred on the date stated above, at 12 m.  
 The principal cause of death and related causes of importance were as follows:  
Blow from a hammer in the head 7 or 8 inches Date of onset 7/13/32  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Wabasha, Mo. (STATE OR COUNTRY) Waller Co. Mo.  
 MOTHER FATHER 13. NAME Isaac N. Reese  
 14. BIRTHPLACE (CITY OR TOWN) Wabasha, Mo. (STATE OR COUNTRY) \_\_\_\_\_  
 MOTHER 15. MAIDEN NAME Lucy G. Andrews  
 16. BIRTHPLACE (CITY OR TOWN) Wabasha, Mo. (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT E. A. Reese (ADDRESS) Wabasha Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Interment PLACE View DATE July 16, 1932  
 19. UNDERTAKER John F. Duncan (ADDRESS) View, Mo.  
 20. FILED Oct 5, 1932 Genevieve F. Reese Registrar

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 Blow from a hammer  
 Nature of injury on forehead 7-8 cm  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) A. G. Davis, M. D.  
 (Address) Birch Tree Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
 N. B. - Every item of information should be careful as if. Exact statement of OCCUPATION is very important.  
 CAUSE OF DEATH in plain terms, so that it may be properly as filed. Exact statement of OCCUPATION is very important.



S-22657