

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

Do not use this space.

40825

JAN 26 1934

PLACE OF DEATH

72 County... New Madrid
Township... Anderson
City... (No. 1091-2)

Registration District No. 55
Primary Registration District No. 4033

File No. 10
Registered No. 1100
St. _____ Ward _____

2. FULL NAME

Elizabeth 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

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single 1919

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

June 11 1919

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>14</u>	<u>5</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Wenchester Ark

(STATE OR COUNTRY) Miss

10. NAME OF FATHER

Judson Phelps

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) La

12. MAIDEN NAME OF MOTHER

Edith Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) La

14.

INFORMANT

(Address)

Henry C. Burklin
Georgetown

15.

File

Jan 10 1934

W. M. Mumford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 3 1933

17.

I HEREBY CERTIFY, That I attended deceased from _____, 1933 to _____, 1933

that I last saw her _____ alive on _____, 1933 and that death occurred, on the date stated above, at _____, 1100 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Skull & being in runaway wagon.

CONTRIBUTORY (SECONDARY)

212

18. WHERE WAS DISEASE OCCURRING

IF NOT AT PLACE OF DEATH? yes

DID AN OPERATION PRECEDE DEATH? NO. DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. B. Smith, M. D.

, 19 (Address) Georgetown Miss

*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

DATE OF BURIAL

Stanfield

12-4 1933

20. UNDERTAKER

ADDRESS

R. B. Meentemeyer
Georgetown

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.

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