

REC'D FEB 24 1939

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

2774
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 426
(b) Township Chilhowee Primary Registration District No. 5581 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 412 Harriet Cathrine Phelps

(a) Residence, No. near Chilhowee, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. C. Phelps
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28th 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 4 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Illinois

FATHER 13. NAME George Albin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Harriet Rardin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mrs Ernest Phelps Chilhowee, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Providence DATE 1-22-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. L. Cook Chilhowee, Mo.

20. FILED 1-23-39 O. L. Cook - J. W. E. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Jan 21, 1939
I last saw her alive on Jan 14, 1939 Death is said to have occurred on the date stated above, at 4:40 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Tuberculosis of the lungs Date of onset several years
Other contributory causes of importance: 23 - Chronic
Name of operation no Date of _____
What test confirmed diagnosis? no Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no injury
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify John T. Anderson, M. D. Warrensburg Mo (Signed) _____ (Address) _____

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.

Health Officer No. 8
The Number *11/13/39*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

O. L. Cook

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... *O. L. Cook*

Licensed Embalmer No. *2708*

P. O. Address *Chilhowe e .. M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.