OV 22 1920

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

Do not use this space.

34107

1. PLACE OF DEATH
County Lincoln — Registration District No. 486 — File No.
Township Hurricane — Primary Registration District No. 5649 — Registered No. 36
City (No. St. Ward)

2. FULL NAME Andrew J. Triplett
(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: M.
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
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 - 1844
7. AGE: Years 83 — Months 9 — Days 26 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Pike Co (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Emcy Triplett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) V.A. (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louisa Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) K.Y. (STATE OR COUNTRY)

14. INFORMANT O. F. Triplett (Address) Elsberry Mo
15. FILED Oct 20 1928 C. E. Powell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18th 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1927, to Oct. 17, 1928 that I last saw him alive on Oct. 17th, 1928, and that death occurred, on the date stated above, at 1 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
131
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Myocarditis
(duration) yrs. 1 mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. M. Taylor, M. D
, 19 (Address) Elsberry Mo

*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: New Hope Cemetary — DATE OF BURIAL: 10/19 1928
20. UNDERTAKER: W. D. Bradley — ADDRESS: Elsberry

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.