FEB 22 1929

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

Do not use this space.

2292

1. PLACE OF DEATH

County: Lewis — Registration District No. 477 — File No.

Township: — Primary Registration District No. 4286 — Registered No. 6

City: Canton (No. ..... St. ..... Ward)

2. FULL NAME Arthur Edward 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16th 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 12 hrs. or ..... min.
			1 and	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Canton (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Arthur Triplett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) La Grange (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Emma Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La Grange (STATE OR COUNTRY) Mo.

14. INFORMANT Arthur Triplett (Address) La Grange, Mo.

15. FILED 1-18, 1929 H. W. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1929, to Jan 17th, 1929, that I last saw h..... alive on Jan 17th, 1929, and that death occurred, on the date stated above, at about 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~[illegible]~~ - Embolus of Heart (Died Instantly)

44A

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED Canton Mo

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) N D Owens, M. D

Jan 18, 1929 (Address) La Grange 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	DATE OF BURIAL
La Grange	Jan 18 1929
20. UNDERTAKER	**ADDRESS**
A.A.R oberts	La Grange, 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.

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