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

Do not use this space.

7065

File No. 13

Registered No. 12

1. PLACE OF DEATH
County: Lafayette
Township:
City: Odessa (No. ..... St. ..... Ward)

Registration District No. 464
Primary Registration District No. 4277

2. FULL NAME: William 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 75 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: negro

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Mamie Triplett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 15 1875

7. AGE: Years 53 | Months 8 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Los Angeles
(STATE OR COUNTRY): California

PARENTS

10. NAME OF FATHER: Newton Triplett

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Iowa

12. MAIDEN NAME OF MOTHER: Mary Tyrrel

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

14. INFORMANT: Mamie Triplett
(Address): Odessa Mo.

15. MAR 10 1929 R A Schooley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929 to Feb 15 1929 that I last saw h. alive on Feb 15, 1929, and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Alcoholism
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? FINAL
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R A Schooley M. D.
2/17 1929 (Address) Odessa 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: Odessa Cemetery
DATE OF BURIAL: 2/17 1929

20. UNDERTAKER: L. C. Freeman
ADDRESS: Odessa

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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