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

Do not use this space.

22173

1. PLACE OF DEATH
County Nodaway
Township
City Hopkins (No. ..... St. ..... Ward)
Registration District No. 624
Primary Registration District No. 4375
File No.
Registered No. 5

2. FULL NAME Emaline Cate

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 - 1839

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	11	27	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER William Triplet
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not Known
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " "

14. INFORMANT W. E. Meadows
(Address) Hopkins Mo

15. FILED 6/4 1929 C. H. Sayler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1929

17. I HEREBY CERTIFY, That I did not attend her attended deceased from ....., 19....., to ....., 19.....
that I last saw her alive on about May 10th 1929, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 164 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
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) D. A. Sargent, M. D.
June 4, 1929 (Address) Hopkins 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 Wilcox Mo
DATE OF BURIAL June 4 1929

20. UNDERTAKER Price Fur Co
ADDRESS Maryville Mo

I never saw her but once, did not treat her.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state