

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

Do not use this space.

31836

1. PLACE OF DEATH

County Madison

Registration District No. 538

File No.

Township

Primary Registration District No. 2028

Registered No.

City Fredericktown (No.) St. Ward)

2. FULL NAME

Jessie Tripp

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 30 - 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 29 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER John M^cCarver

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

12. MAIDEN NAME OF MOTHER Minnie Palite

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

14. INFORMANT E. B. Tripp
(Address) Fredericktown Mo

15. FILED 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-8 1931, to 9-11 1931 that I last saw her alive on 9-11 1931, and that death occurred, on the date stated above, at 12:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post partum hemorrhage following child birth
144B (duration) yrs. mos. ds. 2
146 Purpural eclampsia
CONTRIBUTORY (SECONDARY) 150B (duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. Harry Borron, M. D.

9/12, 1931 (Address) Fredericktown 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
Christian Cemetery, Fredericktown 9/12 1931

20. UNDERTAKER ADDRESS
Ed. H. Webb Fredericktown

770

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations.

In the second section, the author outlines the various methods used to collect and analyze data. This includes both primary and secondary research techniques. The primary research involves direct observation and interviews, while secondary research involves analyzing existing data sources.

The third section focuses on the statistical analysis of the collected data. It describes the use of various statistical tests to determine the significance of the findings. The results indicate a strong correlation between the variables being studied, which supports the hypothesis of the research.

Finally, the document concludes with a summary of the key findings and their implications. It suggests that the results of this study can be used to inform business decisions and improve operational efficiency. The author also identifies some limitations of the study and suggests areas for future research.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison Registration District No. 338 File No.
 Township Primary Registration District No. 308 Registered No.
 City Fredericktown St. Ward)

2. FULL NAME

(a) Residence. No. Jessie Tripp 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)

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT C (Address)

15. FILE 7 20 21 19. 21 C. V. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/11 19 31

17. I HEREBY CERTIFY That I attended deceased from 19.....
 that I last saw h..... alive on 19....., and that death occurred, on the date stated above, of m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D. , 19 (Address)

*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

20. UNDERTAKER ADDRESS

Y ARE COMPLETE AS PRESCRIBED BY LAW

SPACE NOT RECEIVE A FEE FOR CERTIFICATES UNTH

SUPPLEMENTARY

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