

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

Do not use this space.

4177

1. PLACE OF DEATH

29 County Dade
3 Township
2 City Greenfield (No. 144)

Registration District No. 237
Primary Registration District No. 144

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

William L. Triplett
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Goldie Triplett
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-24-1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 4 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 37
(b) General nature of industry, business, or establishment in which employed (or employer) Day Labor
(c) Name of employer unemployed

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

PARENTS
10. NAME OF FATHER John Triplett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary Webb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Goldie Triplett (Address) Greenfield, Mo

15. FILED 2-26-32 E. O. Ball REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1932
17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1931, to Feb 25, 1932, that I last saw him alive on Feb 25, 1932, and that death occurred, on the date stated above, at 5:15 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Phthisis Pulmonalis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____
8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? (1)
WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) Geo. P. Wen, M. D. , 19 _____ (Address) Greenfield 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 Basewille Cem DATE OF BURIAL Feb 27, 32

20. UNDERTAKER Harrison Undertaking ADDRESS Greenfield 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. MAR 22 1932

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