

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

Do not use this space.

8624

1. PLACE OF DEATH

County Jackson Registration District No. 3
 Township Raw Primary Registration District No. 1
 City Kansas City (No. 3700) Clark St. _____ Ward _____

File No. 1208
 Registered No. 1208

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Marion
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Triplett</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12 1860</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>1</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stock buyer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Andrew Triplett</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
MOTHER	15. MAIDEN NAME <u>Wood</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>Wesley S. Martin</u> (ADDRESS) <u>1024 P. Superior St. St. Louis, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis, Mo.</u> DATE <u>Feb 24 1932</u>				
19. UNDERTAKER <u>H. I. Martin</u> (ADDRESS) <u>St. Louis, Mo.</u>				
20. FILED <u>3/23 1932</u> M. M. Browne <u>dean</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932, to March 22, 1932
 I last saw him alive on March 22, 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
hypertension
arteriosclerosis
 Date of onset March 20 1932

Other contributory causes of importance:
arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Robert M. Planchon, M. D.
 (Address) 1024 P. Superior St. St. Louis, 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.

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

RECEIVED BY THE DIRECTOR

Re. 412 A 47 Y 29

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