WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 21 1932

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

Do not use this space.

15433

1. PLACE OF DEATH

13 County Caldwell, Registration District No. 93 File No.

Township Davis, Primary Registration District No. ~~5139~~ 5138 Registered No. 8

City (No. , St. Ward)

2. FULL NAME Emma Tripp,

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female,

4. COLOR OR RACE: White,

5. [redacted] WIDOWED, [redacted] (write the word): Widowed,

5A. IF [redacted] WIDOWED, [redacted] HUSBAND OF (OR) WIFE OF: Bradford H. Tripp,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June-8th.-1848

7. AGE: YEARS 83 | MONTHS 11 | DAYS 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired House-Keeper,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Work,

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 70-Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin, 2

FATHER

13. NAME: George Engle, 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known, 31

MOTHER

15. MAIDEN NAME: Not Known,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known,

17. INFORMANT (ADDRESS): Chas. A. Tripp, Cowgill, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE I. O. O. F. DATE May-15th-1932

19. UNDERTAKER (ADDRESS): Jamesport, Mo. E. P. Michael Braymer, Mo.

20. FILED May 13 1932 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 12, 1932. , 19

22. I HEREBY CERTIFY, That I attended deceased from May, 9, 1932? , 19 , to May, 12, 1932. , 19

I last saw her alive on May, 10, 1932. , 19 Death is said to have occurred on the date stated above, at 1230P.m.

The principal cause of death and related causes of importance were as follows:

Senility, Cause of death undetermined.

Date of onset

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Other contributory causes of importance: Senility.

1

Name of operation None Date of

What test confirmed diagnosis? clinical 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?

If so, specify

(Signed) Henry H. Patterson, M. D.

(Address) Braymer, Mo.

1932 - 5 - 12
1848 - 6 - 8
83 - 11 - 11