

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

Do not use this space.

16696

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County Linn Registration District No. 501  
Township North Creek Primary Registration District No. 4304  
City Business (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Catherine O. Trippes  
(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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Thos Trippes (Dec)</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>July 2nd 1847</u>                           |   |   |
| 7. AGE  | YEARS<br><u>84</u>  | MONTHS<br><u>10</u>   |
|   | DAYS<br><u>24</u>   | IF LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Retired housewife</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)  
Ludiana 2

FATHER 13. NAME Thomas Smith

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

MOTHER 15. MAIDEN NAME Catharine Horner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
South Carolina

17. INFORMANT (ADDRESS)  
H. Trippes Business, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE  
L.O.O. 3 Cemetery May 28 1932

19. UNDERTAKER (ADDRESS)  
Thorne Auld's Bldg. Business, Mo.

20. FILED 6/4 19 32 D. G. Taylor Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1932

22. I HEREBY CERTIFY. That I attended deceased from Mcw 1 1932 to May 26 1932  
I last saw h. alive on May 25 1932. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:  
Chronic Indurated nephritis  
131  
Other contributory causes of importance: 131

Name of operation Neph Date of \_\_\_\_\_  
What test confirmed diagnosis? Signs Was there an autopsy? No

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

Manner of injury X  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. W. Burke, M. D.  
(Address) Paducah 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.

MAY 23 1932

