

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

Do not use this space.

1. PLACE OF DEATH

62 County Madison
Township Park
City (No.) St. Ward)

Registration District No. 538
Primary Registration District No. 5729

File No. 17136
Registered No.

2. FULL NAME

Mrs. Eva Tripp
(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 <u>L</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Eli Tripp</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24 - 1844</u>				
7. AGE	YEARS <u>89</u>	MONTHS <u>2</u>	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home life</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1933
22. I HEREBY CERTIFY That I attended deceased from since he had been 17 yrs, 19...
I last saw her alive on May 30 - 19... Death is said to have occurred on the date stated above, at 10:30 P.
The principal cause of death and related causes of importance were as follows:

apoplexy
died with 3rd stroke
Other contributory causes of importance:
82 yr old
J. J. W.

Date of onset

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Jackson Renelle</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Cardelia Lincoln</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Wm. Tripp</u> <u>Frederick Tripp, MD</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Henry County</u> DATE <u>6/2</u>	
19. UNDERTAKER (ADDRESS) <u>Ed. H. Webb</u> <u>Frederick Tripp, MD</u>	
20. FILED <u>May 31</u> , 19 <u>33</u> <u>Ed. N. Webb</u> Registrar.	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

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) M. B. Doolittle M. D.
(Address) Frederick Tripp, MD

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 23 1933

