

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

Do not use this space.

33645

1. PLACE OF DEATH

County McDonald
Township _____
City Andover (No. _____)

Registration District No. 518
Primary Registration District No. 4574

File No. 1-1933
Registered No. 30
St. _____ Ward _____

FULL NAME

Thomas W Triplett

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Angeline Triplett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15-1848</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>9</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</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) <u>1925</u>		11. Total time (years) spent in this occupation <u>all</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1933

22. I HEREBY CERTIFY that I attended deceased from Oct 31 1933 to Oct 31 1933

I last saw him alive on Oct 31 1933. Death is said to have occurred on the date stated above, at 1:42 m.

The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset _____

Other contributory causes of importance _____

Name of operation none Date of _____
What test confirmed diagnosis? none 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) S. B. Benson, M. D.
(Address) Andover Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Triplett, Mo</u>
	13. NAME <u>Patrick Triplett</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	15. MAIDEN NAME <u>Rachel Delaney</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
17. INFORMANT <u>Angeline Triplett</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Triplett Mo.</u> DATE <u>Nov 1 1933</u>	
19. UNDERTAKER <u>Ed. Patton</u> (ADDRESS) <u>Andover Mo</u>	
20. FILED <u>Oct 31 1933</u> <u>Andover</u> Registrar.	

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.

