

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

Do not use this space.

1994  
1934

4

73 FEB 27 1934

PLACE OF DEATH  
 County Newton Registration District No. 609  
 Township West Primary Registration District No. 5-808  
 City (No. ) St. Ward)  
 2. FULL NAME Laura Josephine Triplett  
 (a) Residence, No. Revere R. 1 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.

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</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>James W. Triplett</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 28 - 1874</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>11</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</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) <u>✓</u> 11. Total time (years) spent in this occupation <u>✓</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co Mo.</u>				
FATHER	13. NAME <u>Richard Gilstrap</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jason Co Mo.</u>			
MOTHER	15. MAIDEN NAME <u>June May</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co Mo.</u>			
17. INFORMANT (ADDRESS) <u>James W. Triplett Revere Mo. R. 1.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACED IN <u>Revere Cemetery</u> DATE <u>1-8</u> 19 <u>34</u>				
19. UNDERTAKER (ADDRESS) <u>Dr. E. M. Roseberry Seneca Mo.</u>				
20. FILED <u>1-10</u> 19 <u>34</u> <u>Dr. E. M. Roseberry</u> Registrar				

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 30 1933 to Jan 6 1934  
 I last saw her alive on Dec 30 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of Mammary and higher secondary. The cause was removal of breast & gilly. This patient had cancer of breast and gilly of glands preceding by 2 or 3 years.  
 Name of operation Excision left breast  
 What test confirmed diagnosis? Microscopic examination of tissue  
 23. If death was due to external causes (violence), fill in also the date of injury, accident, suicide, or homicide. None  
 Where did injury occur? None  
 Manner of injury None  
 Nature of injury None  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify None  
 (Signed) E. M. Roseberry M. D.  
Seneca Mo. (Address)

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.

23

