

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

Do not use this space.

1. PLACE OF DEATH

County Livingston Registration District No. 809 File No. 27892
 Township Gorin Primary Registration District No. 4487 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Nancy P. Triplett

(a) Residence, No. Gorin, Mo St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Taylor Trpilett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Livingston Co. Mo.

13. NAME Edward Austin,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

15. MAIDEN NAME Prudence J. Wilcox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT Everett Triplett (ADDRESS) Rutledge, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gorin Cemetery DATE July 10, 1934

19. UNDERTAKER Gerth & Baskett (ADDRESS) Gorin, Mo

20. FILED 7/10 1934 Don Pierce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st to July 9th, 1934

Last saw him alive on July 9th, 1934. Death is said to have occurred on the date stated above, at 4 P.M.

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

Myocarditis

Date of onset 1-1-1934

Other contributory causes of importance: Ovarian Cyst

Name of operation None Date of _____

What test confirmed diagnosis? Chest 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? No

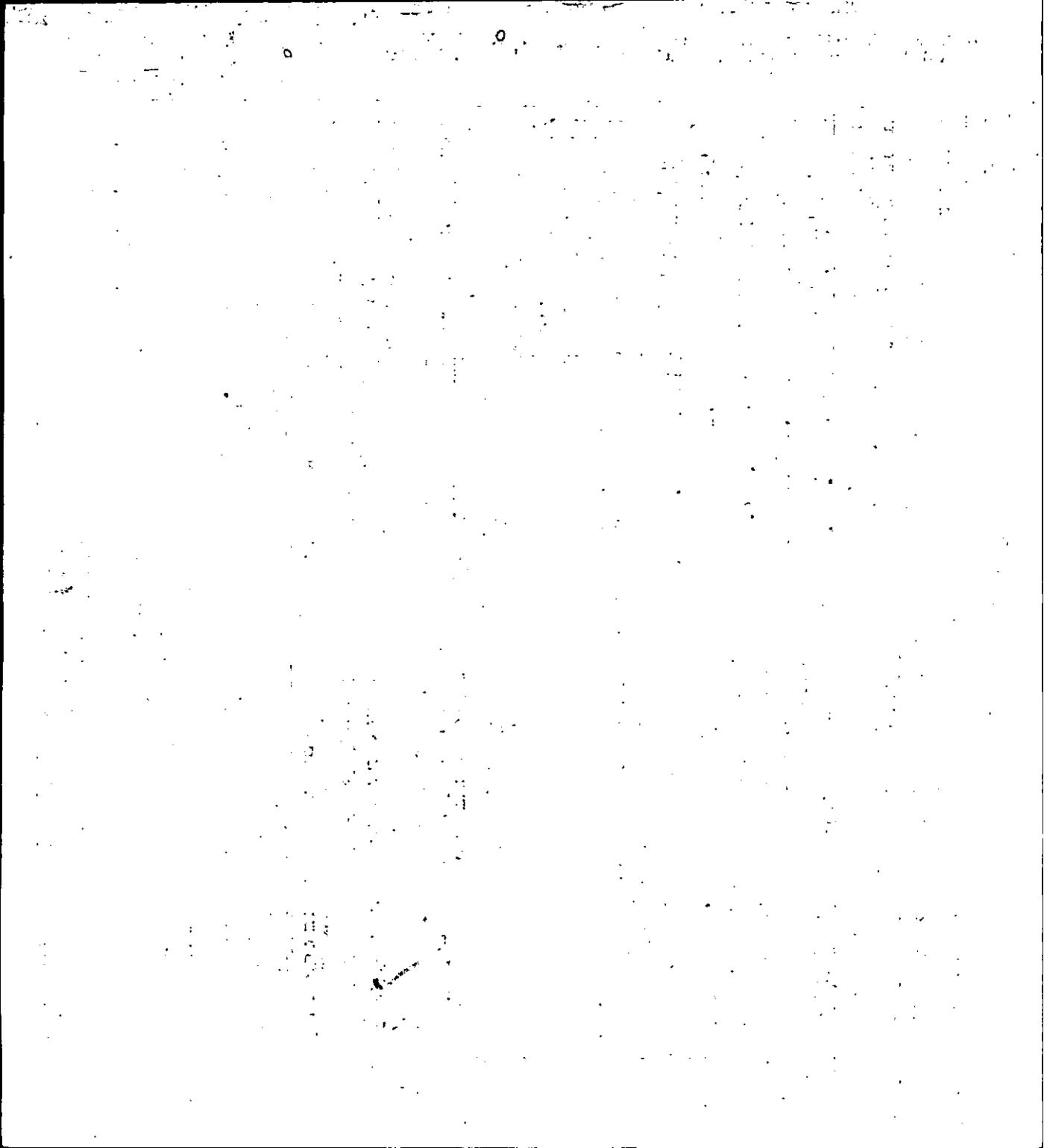
If so, specify _____ (Signed) F. M. Johnson, M. D. (Address) Kadue Mo

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.

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

AUG 15 1934

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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Nancy P. Triplett
Who died at _____ on July 9, 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, ~~married~~, widowed or ~~divorced~~: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Myocarditis

Other contributory causes of importance Ovarian Cyst (benign)

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician F. M. Johnson

Address of physician Gorin Mo. Signature of Registrar Don Pierce Date filed July 10-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 809
Primary Reg. Dist. No. 4487

E. T. McLaugh
Special Agent. M. n.

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