

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.

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

Do not use this space.

JAN 16 1936

39424

1. PLACE OF DEATH

County Iron Registration District No. 392
 Township Cascadia Primary Registration District No. 423.1
 City Pilot Knob (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 12
 St. _____ Ward _____

2. FULL NAME William Mayfield Tripp

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) # # # # #

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 3 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. # # #
 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) Pilot Knob Mo.
 (STATE OR COUNTRY)

13. NAME Raymond Tripp

14. BIRTHPLACE (CITY OR TOWN) Hogan Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Orr

16. BIRTHPLACE (CITY OR TOWN) Tronton Mo.
 (STATE OR COUNTRY)

17. INFORMANT Raymond Tripp
 (ADDRESS) Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Mo. DATE Dec. 28 1935

19. UNDERTAKER White & Son Tronton Mo.
 (ADDRESS)

20. FILED Dec 30, 1935 L. J. Effmelt
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7.30 a.m.

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

Lobar Pneumonia

Date of onset 1

Other contributory causes of importance:

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) Frank Henry Carver, M.D.

(Address) Tronton Mo

