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.

SEP 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 86 — File No. 30035

Township Washington — Primary Registration District No. 5127 — Registered No. 67

City ST. JOSEPH (No. SOUTH OF LAKE CONTRARY St. Ward)

2. FULL NAME HENRY TRIPS

(a) Residence, No. S. OF LAKE CONTRARY St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb - 7, 1853

7. AGE: YEARS 73 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER
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): WURTTENBERG GERMANY

FATHER
13. NAME: HENRY TRIPS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: MARIE GROSS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): MRS. AMELIA TRIPS St. Joseph Rk.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE Aug. 31st 1936

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN ST.

20. FILED Aug 29, 1936 B. W. Tadlock M.D. M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 28, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1936, to 8-28, 1936
I last saw him alive on 8-28, 1936. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	8-14-36
82a1	
Other contributory causes of importance: Apoplectic Stroke	7-20-36

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? at home R.F. D#1 Halls, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
At home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. J. Gross D.O., M. D.
(Address) 5008 King Hill Ave.

JUL 14 1948