

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No. St. Ward)

Registration District No. 218
Primary Registration District No. 3015

File No. 45178
Registered No. 126

2. FULL NAME

(a) Residence, No. 740 Main St. 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 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 Wm Tripp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1851

7. AGE YEARS 86 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Dec - 25 - 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arrow Rock Mo.

13. NAME J. W. Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Agnes Lester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT William H. Tripp (ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem DATE Jan 1 - 1938

19. UNDERTAKER Goodman & Roller (ADDRESS) Boonville Mo

20. FILED JAN 1 1938 D. S. Swooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25th 1937, to Dec 30th 1937. I last saw her alive on Dec 30th 1937. Death is said to have occurred on the date stated above, at 3 P. m.

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

Bronchial Pneumonia Date of onset Dec 26
1070

Other contributory causes of importance:

Name of operation 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? 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) P. S. Evers, M. D.
(Address) Boonville 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.

