REC'D JUN 15 1938

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

Do not use this space.

18438

1. PLACE OF DEATH

County: Jackson
Township: Fort Osage
City: Buckner

Registration District No. 396
Primary Registration District No. 4233

File No.
Registered No.

(No. ..... St. ..... Ward)

2. FULL NAME Mrs. Ada B. Triplett 614

(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 40 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Daniel F. Triplett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 16, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
74	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: 1

9. BIRTHPLACE (CITY OR TOWN): Sumner 4
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: John Gallagher 1
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Adelaide Layton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs. Carrie Bolin
(Address): 6033 Tracy, Kansas City, Mo.

15. FILED May 28 1938 John W Robertson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/26/1938 19

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1938, to May 26, 1938, that I last saw her alive on May 26, 1938, and that death occurred, on the date stated above, at 6:00 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
8201
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) several mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? no. DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John W Robertson, M. D.
, 19 (Address) Buckner, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Six Mile Cemetery
DATE OF BURIAL: 5/28/38 19

20. UNDERTAKER: Vernon M. Reppert
ADDRESS: Buckner,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.