

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.

REC'D AUG 26 1938

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

Do not use this space.

26274

1. PLACE OF DEATH *Putnam*
 County *Putnam* Registration District No. *718*
 Township *Unionville* Primary Registration District No. *6430*
 City *Unionville* St. _____ Ward _____

2. FULL NAME *Edgar Sang Triplett*
 (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 *m* (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Emma Triplett*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-11-1868*
 7. AGE YEARS *70* MONTHS *4* DAYS *2* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Business*
 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) *Mo.*
 MOTHER 13. NAME *Chas F. Triplett*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 15. MAIDEN NAME *Charlotte Boulware*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*
 17. INFORMANT *Deryl May Triplett*
 (ADDRESS) *Unionville, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Unionville* DATE *July 15, 1938*
 19. UNDERTAKER *R. D. Husted & Son*
 (ADDRESS) *Unionville, Mo.*
 20. FILED *July 15, 1938* *W. Williams*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 13, 1938*
 22. I HEREBY CERTIFY That I attended deceased from *January 16, 1938* to *July 13, 1938*
 I last saw him alive on *July 13, 1938* Death is said to have occurred on the date stated above, at *4:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
Ch. Cystitis Date of onset _____
 Other contributory causes of importance: *Ch. Myocarditis* _____
 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? *No*
 If so, specify _____
 (Signed) *J. H. Johnson* M. D.
 (Address) *Unionville, Mo.*

