

REC'D SEP 23 1938

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

29075  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Iron Registration District No. 3924231  
(b) Township \_\_\_\_\_ Primary Registration District No. 5-5-4-6-B Registered No. 5  
(c) City Pilot Knob (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Corda Almeda Tripp  
(a) Residence, No. Pilot Knob Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Everett Tripp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 5 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Curr. home  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desloge, Mo.13. NAME George Vance14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo.15. MAIDEN NAME Corda Vance Hayes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT George Vance  
(ADDRESS) Pilot Knob Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Mo. DATE Aug 9 193819. FUNERAL DIRECTOR Norman White & Sons  
(ADDRESS) Ironton Mo.20. FILED Aug 12 1938 L J Eppinger  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Aug 8, 1938.  
I last saw her alive on Aug 8, 1938. Death is said to have occurred on the date stated above, at 9 a.m.  
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset

not known

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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? noIf so, specify \_\_\_\_\_ (Signed) J. H. Martin, M. D.35 (Address) Ironton, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....  
Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply  
the above constitutes grounds for revocation of license.)**