

REC'D FEB 27 1939

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

Do not use this space.

1. PLACE OF DEATH

County Scotland
Township Lawson
City Boon (No. 614)

Registration District No. 809
Primary Registration District No. 4487

File No. 4012
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Boon Ward _____
(Usual place of abode) Boon

(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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Triplett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-27-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 11

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) Boon, Mo13. NAME Granville Triplett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key15. MAIDEN NAME Mary Emory16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key17. INFORMANT Mrs Sallie Triplett (ADDRESS) Boon Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Boon Mo DATE Jan 10 193919. UNDERTAKER Garth H. Barks (ADDRESS) Boon Mo20. FILED Jan 10 1939 - Mrs Richard Shacklett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from

November 1, 1938, to Jan 8, 1939I last saw him alive on Jan 8, 1939. Death is saidto have occurred on the date stated above, at 8:30 p.m.

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

Broncho-pneumonia Date of onset Jan 6 1939Carcinoma of prostate51

Other contributory causes of importance:

Mitral RegurgitationAnasarcaName of operation None Date of _____What test confirmed diagnosis? _____ 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) Carmin A. Stejskal, D.O., M. D.(Address) Boon, Missouri

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.

RECEIVED

District Health Officer No: 10

District File Number 10-39-207

Date Filed FEB 9 1939