

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

Do not use this space.

DEC'D AUG 10 1939

26237

1. PLACE OF DEATH

County Marion Registration District No. 548
 Township Fabius Primary Registration District No. 5743
 City (No. St. Ward)

2. FULL NAME 614 Jessie Ann Triplett

(a) Residence, No. Palmyra, Mo. 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 (use the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Marion County, Mo.

13. NAME Francis Brown

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT J.D. Triplett
 (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Greenwood Cem. Palmyra, Mo. 8/8/39

19. UNDERTAKER (ADDRESS) Palmyra, Mo.

20. FILED Aug 8 - 1939 Katherine Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936 to Aug 8, 1939

I last saw him alive on Aug 5, 1939 at 7: p. Death is said to have occurred on the date stated above, at 7: p. m.

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

auricular fibrillation
myocardial failure

Other contributory causes of importance: 95%

Name of operation 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 W. J. A. Lee M.D. M. D.
484 (Address) Palmyra Mo.

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

