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

Do not use this space.

21270

1. PLACE OF DEATH
County: Harrison
Registration District No. 337
Primary Registration District No. 4200
File No.
Registered No. 8
Township
City: Eagleville (No. St. Ward)

2. FULL NAME: R. Jane Tripp
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adam Tripp

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 15 1852

7. AGE: Years 76 Months 11 Days 8 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DEASCED
(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

9. BIRTHPLACE (CITY OR TOWN): unknown
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Thomas Riffe
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): unknown

14. INFORMANT: Harry Tripp
(Address): Eagleville Mo

15. FILED 6-24, 1929 W. A. McCollum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 23 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to June 23, 1929, that I last saw her alive on June 23, 1929, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

82 A (duration) yrs. 1 mos. 23 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. D. Lee, M. D.
6/24, 1929 (Address) Eagleville 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: Hobbs Chapel
DATE OF BURIAL: 6/24 1929

20. UNDERTAKER: O. P. Rogers
ADDRESS: Ridgeway Mo

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.

WRITE PLAINLY. BLOCK LETTERS. READING INK—THIS IS A PERMANENT RECORD