

REC'D JUN 22 1938

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

18787  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Livingston Registration District No. 508  
 (b) Township Chillicothe Primary Registration District No. 5676 Registered No. 236  
 (c) City..... (d) Street No.....  
 (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 George H. Triplett  
 (a) Residence, No. 611 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 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 Margaret Triplett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 1 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor  
 9. Industry or business in which work was done, as 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) Linn Co. Mo

FATHER 13. NAME Charles C Triplett  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. Mo

MOTHER 15. MAIDEN NAME Maggie Korville  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Mo

17. INFORMANT (ADDRESS) Mrs A. H. Summers  
221 Brunswick St

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 5-14 1938

19. FUNERAL DIRECTOR (ADDRESS) F. B. Norman  
Chillicothe Mo.

20. FILED 5-14 1938 Donald M. Dowell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Epilepsy (history)  
85  
 Other contributory causes of importance:  
Acute myocardial infarction (during epileptic attack)  
 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..... (Signed) C. H. Brady, M. D.  
 (Address) Chillicothe 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.

STATEMENT BY LICENSED EMBALMER

I, E. R. Norman, Licensed Embalmer No. 2374

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by Elton P. Norman, Registered Apprentice No. 79

working under my personal supervision.

Signed

E. R. Norman

Licensed Embalmer No. 2374

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