

OCT 7 8 1938

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

33468
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 831
 (b) Township Black Creek Primary Registration District No. 6092 Registered No. _____
 (c) City _____ (d) Street No. Shelby County Infirmary St. _____
 (e) Length of residence in city or town where death occurred 3 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Henry Elias Triplett 614
 (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fay Triplett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-3-1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 11 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-17-1938
 I HEREBY CERTIFY, That I attended deceased from _____, 1938 to Sept 17, 1938
 I last saw him alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 99 m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset Sept 1936
As
 Other contributory causes of importance: Edema of lungs Effusion

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

FATHER 13. NAME Elias Triplett

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

MOTHER 15. MAIDEN NAME Martha Bragg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

17. INFORMANT (ADDRESS) Russell Triplett
Brooks Fork

18. BURIAL, CREMATION, OR REMOVAL PLACE Coscord Cemetery DATE Sept 19, 1938

19. FUNERAL DIRECTOR (ADDRESS) E. P. Thompson
Shelbyville Mo.

20. FILED Sept 19, 1938 Star Gae
Local Registrar.

Name of operation None Date of _____
 What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

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) W. S. L. Turner, M. D.
 (Address) Shelbyville 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-382

Date Filed 10-13-38

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 with the above constitutes grounds for revocation of license.)