

REC'D OCT 18 1938

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

33480

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837
(b) Township Center Primary Registration District No. 6099 Registered No. 54
(c) City Center Mo. R.F.D. (d) Street No. _____ St.
(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. at foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G. W. Triplett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-18-1868</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>8</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Mo.</u>		
FATHER	13. NAME <u>Tom Waters</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ny.</u>	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
17. INFORMANT <u>G. W. Triplett</u> (ADDRESS) <u>Essex, Mo. R.F.D.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Triplett Cem.</u> DATE <u>10-9-1938</u>		
19. FUNERAL DIRECTOR <u>Chiles Undertaking Co.</u> (ADDRESS) <u>Bloomfield, Mo.</u>		
20. FILED <u>Oct. 14, 1938</u> <u>Loonie Cunch</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1938

22. I HEREBY CERTIFY that I attended deceased from Sept. 29, 1938 to Oct. 8, 1938
I last saw him alive on Sept. 29, 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Excess of age & non-believe
A tumor on the head been losing flesh for past 4 or 5 months.
Date of onset Mid 1938

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? 58 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) Robert W. Wilson, M. D.
Essex, Mo. (Address) Essex, Mo.

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.)