JUN 4 1928

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

Do not use this space.

14589

1. PLACE OF DEATH
County St Genevieve — Registration District No. 934
Township Union — Primary Registration District No. 6026
City ..... (No. ..... St. ..... Ward) — File No. ..... Registered No. 3

2. FULL NAME Albert Triplett

(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: 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): Julia Lunsford

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 15 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edgar Co, Illinois

PARENTS
10. NAME OF FATHER: Francis Triplett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Welch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: A. N. Triplett
(Address): Farmington Mo

15. FILED 4-30-1928 — Wm A Dotte, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-27 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3:45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Sclerosis
+ Myocarditis +
Chronic Interstitial Nephritis
(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1926
(Duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Geo. R. Watkins, M. D
4-28, 1928 (Address) Farmington 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: Triplett Family Cem Near Farmington Mo — DATE OF BURIAL: 4-29 1928

20. UNDERTAKER: Neidert Undertaking Co — ADDRESS: Farmington 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.