

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.

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

Do not use this space.

2164

1. PLACE OF DEATH

County Madison
Township St. Michael
City St. Michael (No. 1)

Registration District No. 5-38
Primary Registration District No. 5-723

File No. 3
Registered No. 3
St. St. Michael Ward 1

2. FULL NAME

(a) Residence, No. 1 St. St. Michael Ward 1
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Jennie Tripp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 21, 1881</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>11</u>
	DAY <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	<u>1</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>	<u>2</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Madison County</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Eli Tripp</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Elva Revell</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Madison County</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Boscom Revell</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Revell Cemetery</u> DATE <u>Jan 23</u> <u>1937</u>		
19. UNDERTAKER <u>Ed. H. McKee</u> (ADDRESS) <u>Fredericktown, Mo.</u>		
20. FILED <u>Jan 23</u> <u>1937</u> <u>S. C. Slawson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1937

22. I HEREBY CERTIFY, that I attended deceased from Nov. 20 1936 to Jan 22 1937
I last saw him alive on Jan 21 1937 Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of
Bowels
Date of onset

Other contributory causes of importance:
No

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? 26

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 no
(Signed) M. B. Barker 1 M. D.
(Address) Fredericktown, Mo.

By C. D. Schwaner

