MAR 25 1931

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

Do not use this space.

5992

1. PLACE OF DEATH
County Jasper — Registration District No. 411
Township Yoplin — Primary Registration District No. 2002
City Joplin (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME George Tracalossi
(a) Residence No. 248 Joplin st St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE A
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 3 1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
87	2	24	

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

9. BIRTHPLACE (CITY OR TOWN) Tyrol
(STATE OR COUNTRY) Austria 3

PARENTS
10. NAME OF FATHER Anthony Tracalossi
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Frances Ferrato
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ghent
(STATE OR COUNTRY)

14. INFORMANT Sister Mary Cecelia
(Address) Joplin

15. FILED 2/29 1931 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Feby 20, 1931, to Feby 27, 1931 that I last saw him alive on Feby 27, 1931, and that death occurred, on the date stated above, at 7 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93D
162
Myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 93D
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. M. Gregg, M. D.
2/28, 1931 (Address) Joplin

*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 Mt Calvary — DATE OF BURIAL 3/1 1931

20. UNDERTAKER Anderson Ded Co — ADDRESS Joplin

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.