

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.

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

Do not use this space.

42047

540 JAN 14 1935

1. PLACE OF DEATH

County Burgess Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph Mo (No. State Hospital #02) St. _____ Ward _____

File No. _____
Registered No. 1383

2. FULL NAME

Jennie Tracy

(a) Residence, No. 1811 Mulberry St. St. Joseph Mo. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Unmarried</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Tracy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23 1874</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>None</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1934

22. I HEREBY CERTIFY That I attended deceased from October 9, 1934, to December 15, 1934
I last saw her alive on December 17, 1934. Death is said to have occurred on the date stated above, at 7:55 am.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Date of onset Indefinite

Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) Hallings
(STATE OR COUNTRY) Missouri

13. NAME James A. Dennis

14. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Charlotte Barber

16. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Illinois

17. INFORMANT Host Recorder
(ADDRESS) State Hosp #2 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Not recorded
PLACE St. Joseph Mo DATE Dec 18, 1934

19. UNDERTAKER H. R. Bender
(ADDRESS) 1802 Union St. St. Joseph Mo

20. FILED DEC 13 1934
John R. Bender
Registrar.

Name of operation None Date of _____
What test confirmed diagnosis? Chin. fundus 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) George W. Ferriman M. D.
(Address) State Hosp #2 St. Joseph Mo

2025 2 7 22

