

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

Do not use this space.

APR 26 1935

9322

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kan Primary Registration District No. 1002  
 City Kansas City (No. 3624 E. 57th St. St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Mrs. Eugenia Iola Tracy

(a) Residence, No. 3624 E. 57th 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) Missouri

13. NAME Arthur Eagles

14. BIRTHPLACE (CITY OR TOWN) Leavenworth  
 (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Edith Bederman

16. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. Marion Tracy  
 (ADDRESS) 3624 E. 57th St. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 3/25 1935

19. UNDERTAKER H. V. Lindsey & Sons  
 (ADDRESS) 3811 Broadway K. C. Mo.

20. FILED 3/23 1935 M. M. Crane  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6<sup>th</sup> 1935, to March 3<sup>rd</sup> 1935  
 I last saw him alive on March 3<sup>rd</sup> 1935 Death is said

to have occurred on the date stated above, at 10:25 p.m.  
 The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease - mitral insufficiency Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) James D. Smith M. D.  
 (Address) 607 Argyle Bldg. K. C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. D. E. Smith

602 Argyle Bldg -