

1935 1 9

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

Do not use this space.

15970

1. PLACE OF DEATH

County Cooper Registration District No. 218  
Township                      Primary Registration District No. 301A  
City Bronville (No.                     ) St.                      Ward                     

2. FULL NAME Daisy Mae Tracy

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>                    </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-22-1915</u>		
7. AGE	YEARS	MONTHS
	<u>19</u>	<u>11</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Work</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>                    </u>		11. Total time (years) spent in this occupation <u>                    </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Slater Mo</u>		
13. NAME <u>C E Tracy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller County Mo</u>		
15. MAIDEN NAME <u>May Louise Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline County Mo</u>		
17. INFORMANT <u>C E Tracy Slater Mo</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Slater City Cemetery</u> DATE <u>May 17 - 1935</u>		
19. UNDERTAKER <u>Jones &amp; Dyer Slater Mo</u> (ADDRESS)		
20. FILED <u>May 15 1935</u> <u>W. P. [Signature]</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-15-1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to May 15, 1935.  
I last saw her alive on May 15, 1935. Death is said to have occurred on the date stated above, at 5 p.m.  
The principal cause of death and related causes of importance were as follows:  
Appendicitis acuta Date of onset                     

Other contributory causes of importance:  
peritonitis

Name of operation appendectomy Date of May 1  
What test confirmed diagnosis? apudia 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?  
If so, specify                       
(Signed) Alfred [Signature], M. D.  
(Address) Bronville, Mo.

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.

THE  
OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF NEW YORK  
ALBANY

IN SENATE  
JANUARY 10, 1906

REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
FOR THE YEAR 1905

ALBANY: J. B. WOODWARD, STATE PRINTER, 1906.