

AUG 19 1935

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

Do not use this space.

23709

1. PLACE OF DEATH

County Madison
Township Central
City (No.) (Ward ..)

Registration District No. 538
Primary Registration District No. 6282

File No.
Registered No. 58

2. FULL NAME William Tracy

(a) Residence, No. (Usual place of abode) Ward.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. About home
10. Date deceased last worked at this occupation (month and year) 5 years 11. Total time (years) spent in this occupation years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.13. NAME James S. Tracy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.15. MAIDEN NAME Mary A16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.17. INFORMANT (ADDRESS) W. E. Bremer M.D.18. BURIAL, CREMATION, OR REMOVAL Methodist Cemetery July 29 193519. UNDERTAKER (ADDRESS) Ed. Heubach Fredericktown Mo.20. FILED July 28, 1935 B. C. S. Langley (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 193522. I HEREBY CERTIFY, that I attended deceased from Dec. 19, 1934 to July 28, 1935

I last saw him alive on July 28, 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:

Cerebral apoplexy. Date of onset 12-19-34

Other contributory causes of importance:
Arterio Sclerosis

Name of operation no Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1935
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. noManner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no(Signed) W. E. Bremer, M. D.(Address) Fredericktown 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

By E. D. Schwaner

