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

JAN 23 1936

Do not use this space.

40935

File No.
Registered No. 317

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City (No. 7723, Nat'l Bridge Rd. St. Ward)

2. FULL NAME Mary Faribault nee Tracy

(a) Residence, No. 7723 Nat'l Bridge 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	7	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER

13. NAME Ed. Nelson Tracy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Zoe Papin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Wm. M. Faribault
(ADDRESS) 7723 Natl. Bridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 2 1936

19. UNDERTAKER Cullen & Kelly
(ADDRESS) 1416 N. Taylor Ave.

20. FILED 12-31 1935 H. A. Bochmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/35 19

22. I HEREBY CERTIFY, That I attended deceased from 5/14/32 19 to 12/30/1935 19
I last saw her alive on 12/30/1935 19 Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

Chr. hepatic cerrhosis, Chr. Interstitial nephritis, Chr. myocarditis, Chr. arteriosclerosis, Chr. hypertension with advanced senility age 82.

Date of onset 1932

Other contributory causes of importance:
Generalized jaundice, ascites; uremia, acidosis, myocardial failure, due to block heart. 11/3/35

Name of operation Date of
What test confirmed diagnosis? cli. 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) John B. Timmes, M. D.
(Address) 3718 Jennings Rd.
12/31/35