

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

Do not use this space.

1. PLACE OF DEATH  
 20 County Clay Registration District No. 198  
 2 Township Fishing River Primary Registration District No. 3011  
 1 City Excelsior Springs, Mo (No. Veterans Administration Facility St. 3d Ward)  
 2. FULL NAME TRACY, Matthew S.  
 (a) Residence, No. Vets. Adm. Fac. St. \_\_\_\_\_ Ward. Kansas City, Mo.  
 (Usual place of abode) Excelsior Springs, Mo (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 18 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 Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1888  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
49 11 14  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage attendant  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Horton, Kansas  
 13. NAME Daniel Tracy (deceased)  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 15. MAIDEN NAME Bridget Harney (deceased)  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT Hospital Records (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Soldier's Home DATE Jan. 17, 1938  
Cemetery, Ladsworth, Ks.  
 19. UNDERTAKER John C. Prather  
 (ADDRESS) Excelsior Springs, Mo  
 20. FILED Jan. 19, 1938 Louise M. Barker  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1938 19  
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1937, 19\_\_\_\_, to Jan. 15, 1938, 19\_\_\_\_  
 I last saw h. im alive on Jan. 15, 1938, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:34 m. a. M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of the stomach with multiple pulmonary metastasis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 46  
**BUREAU OF VITAL STATISTICS**  
**MO. STATE BOARD OF HEALTH**  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes.  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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? 1  
 If so, specify Alcohol  
 (Signed) L. K. MOORE, MD, Clinical Director M. D. 100  
 (Address) Veterans Administration Facility  
Excelsior Springs, Missouri.

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.

