REC'D APR 22 1938

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

Do not use this space.

File No. 12250

Registered No.

1. PLACE OF DEATH
County: Scott
Township: Kincaid
City: (No. , St. Ward)

Registration District No. 821
Primary Registration District No. 6020

2. FULL NAME: Carolyn Yvonne Tracy
(a) Residence, No. Suburban St. 246 Kochs Ward. 10
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 16 1937

7. AGE: Years | Months: 7 | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY): Lebanon Mo

FATHER
13. NAME: George H. Tracy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atoka Tenn

MOTHER
15. MAIDEN NAME: Nellie Virginia Gray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scott Co Va

17. INFORMANT (ADDRESS): George H. Tracy

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Carpenter DATE: 3-19-38, 19

19. UNDERTAKER (ADDRESS): G. A. Simpson

20. FILED 4-8, 1938 O. L. Pl, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 8 1938 to Mch 10, 1938
I last saw her alive on Mch 17, 1938. Death is said to have occurred on the date stated above, at 5:9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Illeo Colitis	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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) C. A. Mayfield, M. D.
(Address) Jefferson 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.

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