

REC'D JUN 20 1939

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

18449
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 212
(b) Township Clark Primary Registration District No. 5292
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
670 George Washington Tracy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Tracy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1846
7. AGE YEARS 92 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Missouri

13. NAME Ross Tracy

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Elmer Tracy
Brazos, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Truscumball DATE May 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips Funeral Home
Eldon Mo.

20. FILED May 29, 1939 Mrs. J. L. Glover
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936 to May 7, 1938
I last saw him alive on Jan 20, 1939 Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

Baronay disease
Arteriosclerosis
Other contributory causes of importance: _____
Date of onset 5-1-39
94 b
1-1-36

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) E. B. Shelton, M. D.
(Address) Eldon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. W. Phillips

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Louis W. Phillips

Licensed Embalmer No. *3663*

P. O. Address *Eldon, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.