

JUL 13 1939

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

22585
Do not use this space.

1. PLACE OF DEATH

(a) County Burlington Registration District No. 508
(b) Township _____ Primary Registration District No. 3026 Registered No. 78
(c) City or Lebanon (d) Street No. Lebanon Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. 620 Lebin D Tracy St. (If nonresident, give city or town and State)
Meadville Mo
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-26-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 6

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) Burlington Mo.

FATHER 13. NAME James B Tracy

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

MOTHER 15. MAIDEN NAME Eligah Wise

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

17. INFORMANT (ADDRESS) Margaret E. Tracy Meadville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ogan beam DATE June 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James D Gordon Lebanon Mo

20. FILED 6-3 1939 H. M. Moore Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-2-1939

22. HEREBY CERTIFY That I attended deceased from June 2, 1939 to June 2, 1939
I last saw him alive on June 2, 1939 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Shock - from MI 6/2/39
loss of blood and
excitation.
J.D.

Other contributory causes of importance:
Train ran into car
of deceased & caused
injury

Name of occupation clerk Date of me
What test confirmed diagnosis? _____ 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 of injury in any way related to occupation of deceased?
If so, specify _____
(Signed) R. H. ... M. D.
(Address) Lebanon, 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.

RECEIVED

District Health Officer No. 11,

District File No.

Date Filed

739-818
JUL 12 1939

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, or by.....

James D. Gordon....., Registered Apprentice No.
working under my personal supervision.

Signed

James D. Gordon

Licensed Embalmer No. 1870

P. O. Address *Shillicothe, 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.