

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

Do not use this space.

41135

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 6000 Charlotte St. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 5124  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Marilyn Diane Tracey

(a) Residence. No. 6000 Charlotte St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 1, 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>0</u>	<u>11</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Geo. B. Tracey</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	12. MAIDEN NAME OF MOTHER <u>Edith Hintry</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>

14. INFORMANT Geo B Tracey  
(Address) 6000 Charlotte St

15. FILED 12/28/31 M. M. Crowe  
asm REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 27 19 31

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Dec 27, 1931.  
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchopneumonia  
10 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10 7/8 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

18 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical

(Signed) Harry M. Sulley, M. D.

1/28 . 19 31 (Address) K.C. Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL 12-28 19 31

20. UNDERTAKER Stine & McChure ADDRESS 3235  
William  
Blaga

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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