

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

Do not use this space.

**8140**

**1. PLACE OF DEATH**

39 County Greene  
Township Jackson  
City Fair Grove (No. ....)

Registration District No. 322  
Primary Registration District No. 548DA

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. .... 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 Female 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 Lawrence Tracy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1902

7. AGE YEARS 29 MONTHS 5 DAYS 20 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Douglas Co Mo

13. NAME John Gaynes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chilton Co Mo

15. MAIDEN NAME Alice Blake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chilton Co Mo

17. INFORMANT Lawrence Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Bluff DATE 7-10-1932

19. UNDERTAKER L.B. Jones

20. FILED Mar. 10 1932 U. Smith Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-1932

22. HEREBY CERTIFY That I attended deceased from May 2 1931 to Mar. 9 1932

I last saw her alive on Mar. 1 1932 Death is said to have occurred on the date stated above, at 2459

The principal cause of death and related causes of importance were as follows:

Pneumonia Terrestrioides  
23A 23  
Other contributory causes of importance 1

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) W.M. Bailey, M. D.

(Address) Chilton Mo

STATE OF MISSOURI, 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.

APR 26 1932

