

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

Do not use this space.

33764

OCT 20 1936

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH

Registration District No. 85
Primary Registration District No. 1001
(No. MISSOURI METHODIST HOSPITAL)

File No. _____
Registered No. 1237
St. _____ Ward _____

2. FULL NAME MRS. JENNIE E. TRACY

(a) Residence, No. 1816 ST. JOSEPH AVE. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 WIDOW OF FRANK TRACY,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 23

OCCUPATION 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. NONE
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) WATOGA, (NEAR GALESBURG) ILLINOIS

FATHER 13. NAME ALLEN FOSTER

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. J. A. SMITH, DAUGHTER
(ADDRESS) ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE OCT 2, 1936 19.

19. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1945 COLHOUN ST.

20. FILED Oct. 2, 1936 H. J. Nestlebusch Registrar.
13478

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 30, 1936 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 27, 1936, to Sept 30, 1936.
I last saw h. ER. alive on Sept 30, 1936. Death is said to have occurred on the date stated above, at 5:00 P. M.
The principal cause of death and related causes of importance were as follows:

Date of onset Sept?
Hepatitis acute
12705
Other contributory causes of importance: Excess of gall bladder spx?
Jaundice general

Name of operation None Date of _____
What test confirmed diagnosis? Other 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) Frank E. Darrigan, M. D.
(Address) 1424 Madison Bldg.

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.

