

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

Do not use this space.

40700

**1. PLACE OF DEATH**

County Grundy Registration District No. 328  
Township Wilson Primary Registration District No. 3433  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**FULL NAME** Charles Tracy

(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 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 Amelia Tracy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 10 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Farming  
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

10. NAME OF FATHER Nathan Tracy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Addie Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Amelia Tracy  
(Address) Jaredo, Mo.

15. FILED 12/5, 1931 C. J. Robertson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1931

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_  
Not at all that I last saw him alive on several weeks ago, and that death occurred, on the date stated above, at about 2 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hanging self with suicidal intent

165 (duration) Instant mos. ds.

CONTRIBUTORY (SECONDARY) Worry  
165 (duration) Not known mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? Inspection by Coroner

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Dr. R. O. Rocks Coroner, M. D.  
12/7, 1931 (Address) Trenton 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 Sticker Bros. DATE OF BURIAL 12-9 1931

20. UNDERTAKER C. J. Robertson ADDRESS Jaredo

N. B.—Every item of information should be carefully filled. 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.

