

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

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

34219

1. PLACE OF DEATH  
 County Mills Registration District No. 561  
 Township Eldon Primary Registration District No. 4330  
 City Eldon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Opal Ruth Tracy  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 64

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 Grover C Tracy  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-8-1897  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
34 | 4 | 25 | \_\_\_\_\_

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

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

10. NAME OF FATHER Wall Rust  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Anna E. Hornsby  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO  
 (STATE OR COUNTRY)

14. INFORMANT Annie E Rust  
 (Address) Eldon, Mo

15. FILED 11-10-28 Belle Hayes  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1925, to Oct 3, 1928  
 that I last saw him alive on Oct 2, 1928, and that death occurred, on the date stated above, at 12 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Preliminary Tuberculosis  
 (duration) 3 yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IS NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) W P Allen, M. D.  
 (Address) Eldon 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 Salem Cemetery  
 DATE OF BURIAL 10/5 1928

20. UNDERTAKER W G Phillips  
 ADDRESS Eldon

