WRITE PLAINLY, 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.

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

Do not use this space.

38769

PLACE OF DEATH

County Saline — Registration District No. 799 — File No.

Township Cambridge — Primary Registration District No. 479 — Registered No. 46

City (No. , St. Ward)

2. FULL NAME Chas. E. Racy

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-22-1913

7. AGE: YEARS 20 — MONTHS 8 — DAYS 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver
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) Pilot Grove Mo

FATHER
13. NAME Chas. William Racy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Mo

MOTHER
15. MAIDEN NAME Hettie Francis Finley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson Mo

17. INFORMANT (ADDRESS) Chas. W. Racy Nelson Mo R#2

18. BURIAL, CREMATION, OR REMOVAL Peninsular Baptist DATE Nov-23 1933 near Blackwater Mo

19. UNDERTAKER (ADDRESS) Jones & Salzer Slater Mo.

20. FILED Nov 24 1933 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21 1933

22. I HEREBY CERTIFY That I ~~attended deceased from~~ held in guest, to Nov. 21, 1933

I ~~last saw h~~ alive on 19 Death is said to have occurred on the date stated above, at 12 30 m.

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

Accidental. Crushed by rock truck turning over and crushing him.

Date of onset: 21

Other contributory causes of importance: 21 DG

21 D

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-21, 1933

Where did injury occur? Saline Co. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway SC. 5 Miles N.W. Slater

Manner of injury Crushed under truck

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. L. Lawless Coroner M.D.

(Address) Marshall Mo.