

JAN 21 1937

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

Do not use this space.

45545

1. PLACE OF DEATH

County Monroe Registration District No. 579
Township Waller Primary Registration District No. 5776
City (No.) St. Ward

2. FULL NAME

John Henry Trantz
(a) Residence, No. St. Ward (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 married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Ellen Groves
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Indiana

FATHER 13. NAME James Trantz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER 15. MAIDEN NAME Mary J. Trantz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT Mrs. J. H. Trantz
(ADDRESS) 514 E. Market St. Moberly

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE 12/13 1936

19. UNDERTAKER Tom Patton
(ADDRESS) Moberly

20. FILED 12/12 1936 Waller Waller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1936, to 12/11, 1936.
I last saw him alive on 12/11, 1936. Death is said to have occurred on the date stated above, at 7:35 pm.

The principal cause of death and related causes of importance were as follows:
Suicide
By blowing his head off
with dynamite

Other contributory causes of importance:
MI

Name of operation MI Date of MI
What test confirmed diagnosis? MI Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide date of injury 12/11, 1936
Where did injury occur? MI
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury MI
Nature of injury MI

24. Was disease or injury in any way related to occupation of deceased? MI
If so, specify MI
(Sign) Russell M. Wilson Coronator
(Address) Monroe City Mo

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.

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