

FEB 17 1937

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

Do not use this space.

1993

File No.
Registered No. St. Ward

1. PLACE OF DEATH
54 County Lafayette Registration District No. 460
Township Dover Primary Registration District No. 5623
City Corder (No. 1)

2. FULL NAME William McKinley 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

1. 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 Mrs. Amie Tracy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15th 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 8 29

OCCUPATION

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. 16

10. Date deceased last worked at this occupation (month and year) 1/14/37 Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin, Mo.

FATHER

13. NAME I. G. Tracy

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

MOTHER

15. MAIDEN NAME Sarah Martin

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

17. INFORMANT (ADDRESS) Corder, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ✓ DATE

19. UNDERTAKER (ADDRESS) A. H. Hader
Higginsville, Mo.

20. FILED 2/5 1937 W. C. Wright
Ray Higginsville, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-14-1937 to 1-14-1937

I last saw him alive on 1-14-1937 Death is said to have occurred on the date stated above, at m.

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

met death by accident. Head crushed by rock (the mine)

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (accident, fill in also the following: Accident, suicide, or homicide? Date of injury

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? If so, specify

(Signed) E. B. Herbst Carew, M. D.
(Address) Quincy, Mo.

N. B.—Every item of information should be carefully supplied. A correct statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

S-1993