26 1927

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

Do not use this space.

8595

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Sarcoma — Primary Registration District No. 2002 — Registered No. 139
City Joplin (No. Freeman's Has St. Ward)

2. FULL NAME Rose Helen Royal
(a) Residence. No. 1823 Valley 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 Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. Royal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27-1902

7. AGE Years 25 Months 1 Days 10 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) McDonald Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) No Record
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jennie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No record
(STATE OR COUNTRY)

14. INFORMANT Chas Royal
(Address) Joplin Mo

15. FILED 3-14 1927 W Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Mch 7 1927, to Mch 9 1927, that I last saw her alive on Mch 9 1927, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
ectopic pregnancy
142 B
144 B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) hemorrhage
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 143 B
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Barson M. D
3-10, 1927 (Address) Joplin 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 Forrest Park — DATE OF BURIAL 3/12 27 19

20. UNDERTAKER Hurlbut Und Co — ADDRESS Joplin 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.