

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

Do not use this space.

28258

OCT 28 1927

**1. PLACE OF DEATH**

County St. Louis  
 Township Central  
 City St. Louis County

Registration District No. 189  
 Primary Registration District No. 6033B

File No. ....  
 Registered No. 2133  
 St. .... Ward)

**2. FULL NAME**

Maggie Royster  
 (a) Residence. No. St. Louis County St. Mat. Bredel + Hunt rd  
 (Usual place of abode) (If nonresident give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Singles

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
abt 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

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

10. NAME OF FATHER Lee Royster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.C.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Ware

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss  
 (STATE OR COUNTRY)

14. INFORMANT Lee Royster  
 (Address) St Louis County

15. FILED 9/11/27 Wells REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 8, 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1927, to Sept 8, 1927, that I last saw h.w. alive on Aug 31, 1927, and that death occurred, on the date stated above, at 11:23 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Illness  
 (duration) 2 mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: !

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Luke B. Timmon, M. D.  
9/9, 1927 (Address) 3718 Jennings Rd.

\*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 Washington Park DATE OF BURIAL Sept 12 1927

20. UNDERTAKER A. L. Deal ADDRESS 2726 Lucas

COPY, 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.

