

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

Do not use this space.

10300

1. PLACE OF DEATH

County Wheeler  
Township.....  
City Wheeler (No. 1819)

Registration District No. 757  
Primary Registration District No. 3036

File No. ....  
Registered No. 42  
St. .... Ward)

2. FULL NAME

Charles De Roy  
(a) Residence. No. 1819 W. Randolph St., Ward. ....  
(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) 2 2 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 2 2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Wheeler  
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joseph De Roy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wheeler  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary Valley

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

14. INFORMANT Mary Bond  
(Address) 1819 W. Randolph St

15. FILED 3/21, 19 28 Hy G. Bloebaum  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
From Personal knowledge (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Atherosclerosis  
93C (duration) not known yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Stethoscope + Cardiac

(Signed) Otto B. Dale M. D.

, 19 (Address) St Charles, 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 DATE OF BURIAL

Wheeler Burial Home March 20 1928

20. UNDERTAKER ADDRESS

W. Hall Meyer 60 500 2nd St.

K. 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.

