27 1928

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

Do not use this space.

31204

1. PLACE OF DEATH
County Newton
Township Van Buren
City ..... (No. ..... St. ..... Ward)
Registration District No. 612
Primary Registration District No. 5814
File No. .....
Registered No. .....

2. FULL NAME Hellena Roy
(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 20 yrs. ✓ mos. ✓ ds. How long in U.S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 John W. Roy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 28-1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	5	7	

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 Home Duty

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

PARENTS
10. NAME OF FATHER Geo. Schichtel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Dort Rowe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT N. B. Roy
(Address) Tulsa Okla.

15. FILED Sept 8, 1928 C. P. Moody REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928, to Sept 1, 1928 that I last saw her alive on Sept 2, 1928, and that death occurred, on the date stated above, at 2.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 H
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Larry Simmons, M. D
Sept 4, 1928 (Address) Sarcoxie, 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 Humphrey Cemt.
DATE OF BURIAL Sept 5 1928

20. UNDERTAKER Sarcoxie Und Co by R. C. Thayer
ADDRESS Sarcoxie 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.