SEP 24 1929

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

Do not use this space.

27250

22

1. PLACE OF DEATH
County Christian — Registration District No. 185 — File No.
Township Benton — Primary Registration District No. 5260 — Registered No.
City ~~Rogersville~~ (No. ..... St. ..... Ward)

2. FULL NAME Royal Luce
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Martha Luce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13" 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	6	0	

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

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

PARENTS

10. NAME OF FATHER R. Luce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Martha Luce
(Address) Rogersville Mo R.R.

15. FILED 9-4, 1929 Mrs. L. B. Clemens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13" 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Aug 13, 1929 that I last saw him alive on Aug 10, 1929, and that death occurred, on the date stated above at 8 O'Clock P. m.,

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93c
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 (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? Phy ex
(Signed) H. J. Wise, M. D.
8-14, 1929 (Address) Sparta, 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 Republic Cemetery — DATE OF BURIAL Aug 15" 1929

20. UNDERTAKER T. B. Chaffin — ADDRESS Ozark, Mo.

WRITE P... INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information ... 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.