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

Do not use this space.

23951

1. PLACE OF DEATH

74 6 1

County Nodaway — Registration District No. 622

Township Hughes — Primary Registration District No. 4373

City Graham — (No. ..... St. ..... Ward)

File No. .....

Registered No. 4

2. FULL NAME Louis Royalon

(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 ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

AUG 8 19..

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 Royalon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-27-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

FATHER

13. NAME: Richard Royalon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Mary Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Paul A. Royalon

18. BURIAL, CREMATION, OR REMOVAL — PLACE Graham Cemetery DATE 8-1 19 33

19. UNDERTAKER (ADDRESS): Campbell Funeral Home Maryville Mo

20. FILED July 31, 1933. Mrs E L Morgan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9", 1933, to July 30, 1933

I last saw h... alive on July 30, 1933. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance: Ulcer of stomach Old age

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. L. Morgan, M. D.

(Address) Graham 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.

WHITE PERMANENT WITH UNFADING INK—THIS IS A PERMANENT RECORD