WRITE PLAINLY, 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.

SEP 26 1933

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

Do not use this space.

27976

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7037

Township ..... Primary Registration District No. ..... Registered No. 7037

City St. Louis (No. Mark Twain Hotel - 8th & Pine St. ..... Ward)

2. FULL NAME Ralph P. Royce

(a) Residence, No. ..... St., 25 Ward. Crocker Mo.
(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.

## 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) July 15-1886

7. AGE: YEARS 47 MONTHS 0 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) Pleasant Hill Mo

FATHER

13. NAME Wm. K. Royce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT (ADDRESS) Geo Hoops Crocker Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Mo DATE Aug. 15 1933

19. UNDERTAKER (ADDRESS) Hoops & Sons. Crocker Mo

20. FILED AUG 14 1933 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1933

22. I HEREBY CERTIFY That I attended deceased from ..... 19..., to ..... 19...

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:00 A.m.

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

Strangulation due to hanging with a leather belt fastened around his neck, one end of belt tied to bed sheet & attached to a hook in clothes closet

Date of onset

Other contributory causes of importance: Suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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

Accident, suicide, or homicide? Suicide Date of injury Aug 12, 1933

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

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

Manner of injury Hanging by belt

Nature of injury Suicide

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

If so, specify .....

(Signed) [signature] M. D.

(Address) Deputy Coroner

8/14/33