

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.

NOV 10 1933

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

Do not use this space.

34164

1. PLACE OF DEATH

County Randolph Registration District No. 735  
Township \_\_\_\_\_ Primary Registration District No. 3094  
City Moberly (No. Woodland Hospital)

File No. \_\_\_\_\_  
Registered No. 190  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Tempy Royals Mrs.  
(a) Residence, No. Clifton Hill Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe H. Royals  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 9 13  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Randolph Co, Mo.

MOTHER 13. NAME J. G. Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

15. MAIDEN NAME Mary Etta Brockman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

17. INFORMANT J. Patton Royals  
(ADDRESS) Clifton Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton Hill DATE Oct 10 1933

19. UNDERTAKER Tom B. Patton  
(ADDRESS) Moberly Mo

20. FILED 10/8 1933 Virginia Walker  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1933 to Oct 8 1933

I last saw h. or alive on Oct 5 1933. Death is said to have occurred on the date stated above, at 9:15 P. m.

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

Tuberculosis, pleural Date of onset Several years  
M&A  
L&H

Other contributory causes of importance \_\_\_\_\_

Name of operation X microscopical Date of X  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X 1933

Where did injury occur? X (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? No

If so, specify \_\_\_\_\_ (Signed) P. D. Sheehan M. D.  
(Address) Moberly, Mo.

