

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

Do not use this space.

MAR 20 1935

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph Mo. (No. Mo. Meth. Hosp.) St. _____ Ward _____
Margaret L. Royer

File No. 4416
 Registered No. 183

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Wathena Kansas.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 7 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 Clement L. Royer.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19-1878
 7. AGE YEARS 56 MONTHS 5 DAYS 19 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Lock Haven Pa.

FATHER 13. NAME John Brown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mr. Clement L. Royer
Wathena Kansas, 416 7th St., Wp. 20

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb 11 1935

19. UNDERTAKER (ADDRESS) Matron Bethale Y. Bauman
319 20th St. W.

20. FILED 2-11-1935 John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1935, to Feb 8 1935

I last saw him alive on Feb 8 1935. Death is said to have occurred on the date stated above, at 10:10 A. M.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: 930

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? _____ 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? no
 If so, specify _____

(Signed) R. E. Baughman M. D.

(Address) 200 1/2 W. 1st St. Wp. 20

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.

