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.

MAR 17 1936

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

Do not use this space.

File No. 4928

Registered No. 56

1. PLACE OF DEATH
County: Cape
Township: Cape
City: Cape Girardeau (No. St. Francis Hosp. St. Ward)
Registration District No. 125
Primary Registration District No. 3209

2. FULL NAME: William Earl McRoy
(a) Residence, No. Bloomfield St., Ward. Bloomfield 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):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9 - 1936
7. AGE: Years 0 Months 0 Days 6 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): Cape Girardeau Mo

FATHER
13. NAME: Earl McRoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomfield Mo

MOTHER
15. MAIDEN NAME: Mildred Hinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aquilla Mo

17. INFORMANT (ADDRESS): Mildred McRoy R 2 Bloomfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bloomfield Mo DATE: 2/20 1936

19. UNDERTAKER (ADDRESS): Beard Weaver Estes Cape Girardeau Mo

20. FILED 2-15-1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1936, to 2/15 1936
I last saw him alive on 2/15 1936. Death is said to have occurred on the date stated above, at 9:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Bronchial - Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) [illegible], M. D.
(Address) Cape Girardeau Mo