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.

AUG 28 1936

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

Do not use this space.

27639

1. PLACE OF DEATH
County: Pulaski
Township: Tavern
City: (No. , St. Ward)
Registration District No. 716
Primary Registration District No. 5945
File No.
Registered No. 8

2. FULL NAME: Mary Alice Royce
(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.

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: Wm. K. Royce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 27, 1850

7. AGE: Years 86 Months 3 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0
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): Mt. Pleasant, Iowa

FATHER
13. NAME: Geo. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Nat Kramm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): C. Royce, Sherrill, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DATE: 19

19. UNDERTAKER (ADDRESS): L. Hoop & Son, Crocker, Mo

20. FILED July 16 1936 N. Hess, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1936, to July 15, 1936
I last saw her alive on July 13, 1936. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-13-36
9301	

Other contributory causes of importance:

Heart prostration	7-11-36
Myocarditis	3-25-36

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? no Date of injury, 19
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
0
Manner of injury
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. Whalen, M. D.
(Address) Crocker, Mo.