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.

DEC 18 1936

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

Do not use this space.

40838

1. PLACE OF DEATH
County Daniel — Registration District No. 254 — File No. 40
Township Benton — Primary Registration District No. 4154 — Registered No. 254
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Thomas Royston
(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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna May Royston

6. DATE OF BIRTH (MONTH, DAY AND YEAR): nov 13-1873

7. AGE: 62 YEARS — MONTHS: 11 — DAYS: 22 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co Mo

PARENTS
10. NAME OF FATHER: Thomas Royston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): va
12. MAIDEN NAME OF MOTHER: Delila Dilley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Byron Royston
(Address) McFall mo

15. FILED 11-5-36 19 Nancy C Sutton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-5-36 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936, to Oct 20, 1936, that I last saw him alive on Oct 20, 1936, and that death occurred, on the date stated above, at 10-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute ascending (Landry's) Paralysis
..... (duration) ..... yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Knowledge of disease
(Signed) G. W. Plymell D.O. ~~M.D.~~
, 19 (Address) McFall Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Best chapel — DATE OF BURIAL: 11-7-36 19

20. UNDERTAKER: G S Gramer — ADDRESS: Pattonsburg mo