JAN 19 1937

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

Do not use this space.

44697

File No. 5265

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. St. Lukes Hospital St. Ward)

2. FULL NAME: William E. Royster

(a) Residence, No. 3500 Gladstone Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs. Berenice Royster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 14, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	73	1	21	

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.: Freight Traffic

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): Alabama

FATHER

13. NAME: Ajax Royster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Josephine Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Mrs. Berenice Royster, 3500 Gladstone Blvd.,

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Washington DATE: Dec. 7, 1936

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, Kansas City, Missouri

20. FILED: 12/8, 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1936, to Dec. 5th, 1936

I last saw him alive on Dec. 4th, 1936. Death is said to have occurred on the date stated above, at 1:30 a.m.,

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

	Date of onset
Carcinoma of the urinary bladder.	

Other contributory causes of importance: Rupture of bladder

Name of operation: Cystotomy — Date of: Dec. 3

What test confirmed diagnosis? cystotomy — Was there an autopsy? No. 1936

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) Leo F. Overkott, M. D.

(Address) Professional Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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