

JUL 27 1937

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

Do not use this space.

23580

1. PLACE OF DEATH

County Lawrence
Township Benton
City (No. _____) _____ St. _____ Ward _____

Registration District No. 25453
Primary Registration District No. 4154

File No. 4
Registered No. _____

2. FULL NAME

James Barney 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Royston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 26-1862</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattonsville Mo.

13. NAME Thomas Royston

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

15. MAIDEN NAME Helila Hilley

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

17. INFORMANT (ADDRESS) Mary Royston

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattonsville Mo. DATE March 14, 1937

19. UNDERTAKER (ADDRESS) S. Saromer Pattonsville Mo.

20. FILED 3-16-37 19. Marices C. Sutton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1937

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1937, to March 14, 1937. I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at 4:40 m.

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

Date of onset _____

Other contributory causes of importance: 94%

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) W. H. Foster, M. D. W. H. Foster

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.

