

## MISSOURI STATE BOARD OF HEALTH

Do not use this space.

REC'D MAR 20 1938

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7169

## 1. PLACE OF DEATH

County JohnsonRegistration District No. 431

Township

Primary Registration District No. 2023City Warrensburg (No. 1)File No. 17Registered No. 17St. Mo. Ward)2. FULL NAME Annice Royd 300(a) Residence, No. 300 St. Mo. 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-10, 1938

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1938, to 2-10, 1938I last saw him alive on 2-20, 1938. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9-1866to have occurred on the date stated above, at 9:30 A.M.

## 7. AGE

YEARS 72MONTHS 0DAYS 1

If LESS than 1 day, ..... hrs. or ..... min.

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

Broncho pneumonia

Date of onset

OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

## 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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.13. NAME Henry Royd14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.15. MAIDEN NAME Isabella Crutcher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT (ADDRESS) Warrensburg, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Hill DATE Feb 11, 193819. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg, Mo.20. FILED Feb 11, 1938 Erna Stanley RegistrarName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1938Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) Erna Stanley Registrar(Address) Warrensburg, Mo.

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.

