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.

OCT 19 1939

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

Do not use this space.

File No. 33255

Registered No. 10

1. PLACE OF DEATH

County: Pike

Township: Ashley

City: (No. St. Ward)

Registration District No. 683

Primary Registration District No. 0911

2. FULL NAME: Mary Jane Royalty

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 26 1857

7. AGE: Years 82 | Months | Days 19 | If LESS than 1 day, ...hrs. or ....min.

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Missouri

FATHER

13. NAME: Madison Royalty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Missouri

MOTHER

15. MAIDEN NAME: Sarah Ann Hinton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Missouri

17. INFORMANT (ADDRESS): Mrs Betty Smith Bowling Green Mo. R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE: Antioch Cem. DATE: Sept 17th 1939

19. UNDERTAKER (ADDRESS): Grace Bamhead Bowling Green Mo.

20. FILED: Sept 16 1939 Ford Lyons Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to 9-15, 1939

I last saw h. alive on 9-1-39, 19.... Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Fracture of hip 18 months ago

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) T. H. Wilcoxen, M. D.

(Address) Bowling Green Mo

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RECEIVED
District Health Officer No. 10
District File Number 10-39-1701
Date Filed OCT 3 1939