

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

Do not use this space.

**1. PLACE OF DEATH**

17 County Karroll Registration District No. 138  
Township Franklin Primary Registration District No. 5796  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 31673  
Registered No. 37

**2. FULL NAME**

Henric Squares Royce  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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.  
(If nonresident, give city or town and State)

**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>Fannie Dell Royce</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 6 / 1868</u>		
7. AGE <u>64</u> YEARS	<u>9</u> MONTHS	<u>5</u> DAYS	If LESS than 1 day, _____ hrs. _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fanner</u> <u>1</u>			
	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. <u>November 1930</u> <u>1</u> <u>Occupation</u>			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	13. NAME <u>James Royce</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Zelie Polanson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Christina Royce</u> (ADDRESS) <u>Monticello, Mo.</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Atchuck Cem.</u> DATE <u>Oct. 16</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>H. J. Stroud</u> <u>Richmond, Mo.</u>				
20. FILED <u>Oct 14 1932</u> <u>E. H. Musson, M.D.</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1920, to Oct. 14, 1932  
I last saw him alive on Oct. 14, 1932 Death is said to have occurred on the date stated above, at 10:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
132A  
32A  
91B | B3D  
Date of onset Dec 27 1930

Other contributory causes of importance:  
Two or more successive Central Hemorrhages - nephritis and simple anemia Don't know

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? (C) 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? no  
If so, specify \_\_\_\_\_  
(Signed) E. H. Musson, M. D.  
(Address) Marborne, 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.

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