

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

Do not use this space.

24830

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No.) St. Ward)

File No.
Registered No. 55

2. FULL NAME Fannie Elizabeth Royle

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1937

7. AGE 91 YEARS 2 MONTHS 2 DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house duties
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richmond, Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jabez Shotwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Masley
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Elizabeth Warden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Masley
(STATE OR COUNTRY) Kentucky

14. INFORMANT Charles H. Royle
(Address) Richmond, Missouri

15. FILED July 6, 28 R. L. Sawellon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1928 to July 5, 1928
that I last saw alive on July 5, 1928, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General debility
98 B
162 151 B
Gangrenous
CONTRIBUTORY (SECONDARY) Gangrenous
(duration) yrs. 1 mos. da.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) L. D. Strem, M. D.

July 5, 1928 (Address) Richmond Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington Missouri DATE OF BURIAL July 8, 1928

20. UNDERTAKER E. Thurman ADDRESS 127 East Main
Richmond
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.

