

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

Do not use this space.

33138

1. PLACE OF DEATH

County Jackson Registration District No. 299
 Township Law Primary Registration District No. 1002
 City Kansas City (No. 2060) Holmes St. _____ Ward _____

File No. _____
 Registered No. = 4871
 St. _____ Ward _____

2. FULL NAME

Thelma Royals
 (a) Residence. No. 2060 Holmes St., _____ 3rd Ward. (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 Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>7</u>	<u>5</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. None.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

PARENTS
 10. NAME OF FATHER James Royals
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Laura Reeves
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Texas

14. INFORMANT James Royals
 (Address) 2060 Holmes

15. FILED 19/28 30 M. M. Crowe REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1930

17. I HEREBY CERTIFY, That I attended deceased from 24 Oct 1930 to Oct 25 1930 that I last saw her _____ alive on Oct 25 1930 and that death occurred, on the date stated above, at 8:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2 Open mening
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED U W
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) J. C. Woodhead M. D.
Oct 26 1930 (Address) 1014 Woodland

*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 Highland DATE OF BURIAL 10/29 30

20. UNDERTAKER Hatkins Bros. ADDRESS 1729 Lydie

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Unthank, 1016 Hoodland