

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S signature state

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

Do not use this space.

FILED APR 10 1944

11690

78 PLACE OF DEATH
 County Fernvaco Registration District No. 267 78
 2 Township North Primary Registration District No. 3049 28
 1 City North (No. _____) St. _____ Ward _____
 2 FULL NAME George ROY
 (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. _____ of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Belle Roy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-9-1890
 7. AGE YEARS 54 MONTHS 2 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton farms
 10. Date deceased last worked at this occupation (month and year) 2-13-44 11. Total time (years) spent in this occupation 30
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gardiner Miss
 MOTHER FATHER
 13. NAME Joe Roy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gardiner Miss
 15. MAIDEN NAME Lula Jackson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mobile Ala
 17. INFORMANT Lula Belle Roy
 (ADDRESS) North - Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Exacted Mo DATE 3-23 1944
 19. UNDERTAKER County Farm Imp.
 (ADDRESS) North - Mo
 20. FILED 3-23 1944 J. H. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 1944
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 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:
Paralytic stroke Date of onset _____
 Other contributory causes of importance: 830'
 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) Julius H. Moore M. D.
 (Address) Hayte, Mo.

3-44-48