

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

Do not use this space.

39145

1. PLACE OF DEATH

County Schuyler
Township Salt River
City Greentop (No.)

Registration District No. 804
Primary Registration District No. 6D149

File No.
Registered No.
St. Ward)

2. FULL NAME

Erasmus Leslie Joney

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

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

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

Mar 2 1926

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

1 9 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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)

Greentop Mo

10. NAME OF FATHER

Larence Joney

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

Iowa

12. MAIDEN NAME OF MOTHER

Ira Bailey

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

Adair Co Mo

14.

INFORMANT (Address)

Ira Joney
Greentop Mo

15.

FILED..... 19.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 24 1927 to Dec 24 1927 that I last saw him alive on Dec 28 1927 and that death occurred, on the date stated above, at 8 37 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza 10

CONTRIBUTORY (SECONDARY)

Croup

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) F. B. L...

1926 (Address) Greentop 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

DATE OF BURIAL

New Harmony

Dec 25 1927

20. UNDERTAKER

ADDRESS

R. O. Price

Greentop Mo

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.

W.V. 10928

