MAR 16 1928

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

Do not use this space.

4116

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001 — File No.
City St Joseph Mo (No. ... St. ... Ward) — Registered No. 213

2. FULL NAME Joshua Harrison Halsey
(a) Residence. No. 205 W. Nebraska 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1855

7. AGE — YEARS: 73 — MONTHS: Unknown — DAYS: — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Texas

PARENTS
10. NAME OF FATHER: Joseph Halsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Texas
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Mrs Matilda Halsey
(Address) 205 W. Neb. Ave.

15. FILED FEB 20 1928, 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Feb 17, 1928, that I last saw him alive on Feb 17, 1928, and that death occurred, on the date stated above, at 4:10 o'clock P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis
131
162 (duration) yrs. Several mos. ds.

CONTRIBUTORY (SECONDARY): Asthenia
(duration) yrs. Several mos. ds.

129 A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Fenton J. Gunderson, M.D
2/20, 1928 (Address) 216 E W. Mo Ave

*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: Ashland Cem. — DATE OF BURIAL: 2-20 1928

20. UNDERTAKER: B. F. Graves — ADDRESS: 1309 N. 1st

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