

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

Do not use this space.

7960

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. Missouri Methodist Hospital

Registered No. 410

City St. Joseph, (No. _____)

City St. Joseph, (No. _____) (Ward) _____

2. FULL NAME Joseph Claude Proctor,

(a) Residence No. _____ St. Ward. Blockton, Iowa.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Sadie E. Proctor,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 8 17

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Blockton,
(STATE OR COUNTRY) Iowa,

10. NAME OF FATHER Herriman Proctor,

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

12. MAIDEN NAME OF MOTHER Sarah Elizabeth Skinner

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

14. INFORMANT Mrs. J. G. Proctor
(Address) Blockton, Iowa.

15. John A. [Signature]
FILED 30 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 3, 1928, to Mar 29, 1928

that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at 10:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism

936 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic myocarditis
(SECONDARY) (duration) 25 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? J.P.B.
IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? No DATE OF Mar 5, 1928

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
3/30 (Signed) P. R. McCall, M. D.
(Address) 708 Kirkpatrick Bldg, St. Joseph

*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 Blockton, Iowa, DATE OF BURIAL Apr. 1st. 1928

20. UNDERTAKER Heaton-Cathey/Bowman ADDRESS 310 S. 10 St.

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.

WHILE IN THE OFFICE OF THE REGISTRAR, WITH CERTAIN INFORMATION IS A PERMANENT RECORD

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