

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

Do not use this space.

9429

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Fatona Primary Registration District No. 2002
 City Joplin (No.) St. Ward (....)

File No.
 Registered No. 137

2. FULL NAME

William Henry Storey
 (a) Residence. No. 2405 - Sergeant St.
 (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

MEDICAL CERTIFICATE OF DEATH

SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Lutie Viola Storey
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-14-1866
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
62 1 No =
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House painter
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

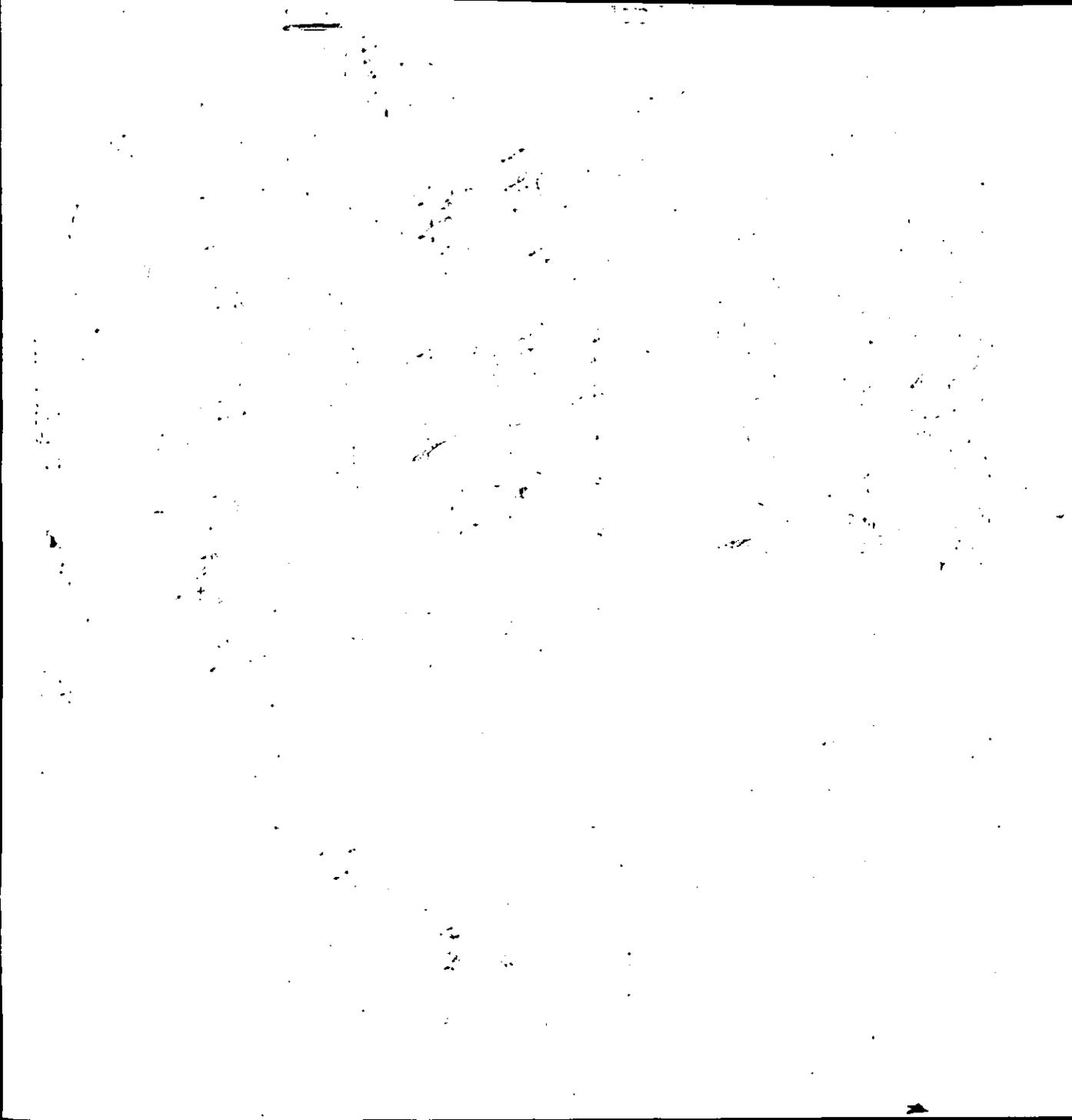
16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 14 - 1928
17. I HEREBY CERTIFY That I attended deceased from Mar 14, 1928, to Mar 14, 1928
 that I last saw alive on Mar 14, 1928, and that death occurred, on the date stated above, at 12:30 AM
THE CAUSE OF DEATH* WAS AS FOLLOWS
Abcess on Lung
23 1/2
 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Mo
10. NAME OF FATHER Joseph Storey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary Ann Highy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) Mo

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) P. C. Kelley, M. D.
3/15, 1928 (Address) Joplin Mo

14. INFORMANT (Address) Mrs. Lutie Viola Storey
2405 - Sergeant
15. FILED 3/16 1928 Dr. Benson Clark
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Park Cem.
20. UNDERTAKER The Frank Severs Joplin
DATE OF BURIAL 3/16 1928
ADDRESS



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Gasper Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 2002 Registered No. 137
 City Joplin (No. _____) St. _____ Ward _____

2. FULL NAME

William Henry Storey
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT (Address) _____

15. FILED 579 238 W. H. Benson Clark
 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 14 1928

17. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

abscess on lungs
Tuberculosis
 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ da.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.
 _____, 19____ (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

20. UNDERTAKER _____ ADDRESS _____

REGISTERED SHALL NOT RECEIVE A FEE FOR C. FICATES UNTIL THEY ARE COMPLE. TE AS PRESCRIBED BY LAW

SUPPLEMENTARY 31

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